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The China Medical Journal

Published by
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Articles intended for the CHINA MEDICAL JOURNAL should be sent to the Editors, who solicit contributions from all Medical Practitioners in China, Korea, Japan, Siam, Philippine Islands, or elsewhere.
ELEPHANTIASIS OF LEG (moderate degree).

Before Operation.

Result of Operation.
RESEARCH COMMITTEE:
Fourth Interim Report.

In presenting the fourth and final interim report of the Research Committee we are glad to think that we are able to produce the best report yet presented to the association by this committee. In Dr. Houghton's paper we venture to think that we have the best paper on worms and their local distribution that we have yet read. We commend the paper to other contributors as a model. Dr. Preston Maxwell, of Yung-chun, provides us with a review of the helminths of that region of special value, as the numbers dealt with are sufficient to preclude any risk of serious error. Drs. Roys and Vogt also send interesting contributions.

Finally we, ourselves, offer a report of distribution of the helminths arranged on geographical lines. The work is very incomplete, although we have spent a very large amount of time on its preparation. We believe it will be of considerable value as being the first attempt of its kind and as being sufficiently minute to form a fairly reliable basis for future additions and corrections. We shall refer to this report at greater length in our report to the forthcoming conference. The items then in this paper are:

1. Dr. Houghton's report from the Wuhu General Hospital.
2. Report on the examination of 1,000 stools from individuals in the Yung-chun region, Fukien, by Dr. J. Preston Maxwell.
4. Extracts from a letter of Dr. C. K. Roys, Weilisien, enclosing a list of Intestinal parasites found in Tsingtau by the German government medical staff.
5. Reports of worm infections arranged according to the provinces of China, by the chairman.

JAMES L. MAXWELL, M.D., Chairman.
REPORT FROM THE WUHU GENERAL HOSPITAL.—HENRY S. HOUGHTON.

Series of 400 cases. 820 examinations. Total infections 90%.

<table>
<thead>
<tr>
<th>Nematodes:</th>
<th>Number</th>
<th>Per cent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascaris lumbricoides</td>
<td>274</td>
<td>68.5</td>
</tr>
<tr>
<td>Ascaris x, mixed</td>
<td>108</td>
<td>27.0</td>
</tr>
<tr>
<td>Ascaris x only</td>
<td>10</td>
<td>2.5</td>
</tr>
<tr>
<td>Ankylostomum duodenale</td>
<td>106</td>
<td>26.5</td>
</tr>
<tr>
<td>Trichocephalus dispar</td>
<td>105</td>
<td>26.0</td>
</tr>
<tr>
<td>Strongyloides intestinalis</td>
<td>4</td>
<td>1.0</td>
</tr>
<tr>
<td>Oxyuris vermicularis</td>
<td>3</td>
<td>0.8</td>
</tr>
</tbody>
</table>

| Trematodes:              |         |           |
| Schistosomum japonicum   | 28      | 7.0       |

| Cestodes:                |         |           |
| Taenia saginata          | 1       |           |

Miscellaneous: Amoeba coli | Larva of diptera | 1 | 3

Ascaris lumbricoides.—Percentage of infections, 68.5.

There are no clinical manifestations, except occasionally in children. It seems very unlikely that the worms in themselves have any pathogenic power. All the cases we have seen could be explained by mechanical obstruction effects, with subsequent intoxication.

There is, however, a class of cases quite apart from this wherein migration has taken place. Our one case is that of a woman, forty-eight years of age, who entered with multiple sinuses of the thigh. There was a row of openings extending from the buttock to the middle third of the thigh and with a more or less intimate deep connection. At operation the sinus was found definitely to run upward over the iliac crest. The deep burrowing sinuses were all opened up and cleaned out. The next day, at the removal of the dressings, a large Ascaris appeared in one of the openings; recovery was prompt and complete. (See Landsborough, C. M. J. 5/07.)

Among the young, ascaris infection is practically universal, but among older people, the infection often dies out of itself apparently. Of all cases which were negative for ascaris, 65 per cent. were over thirty years of age. This parasite, in common with nearly all other helminths, is far more common among farmers than in city dwellers.

Ankylostomum.—Percentage of infections, 26.5.

There is certainly a large percentage of infections which give clinically no indication of the condition. A careful record of the blood of each case has been kept for the period covered by this investigation, and of these 27%—a little less than a third—presented a definite degree of anemia, a hemoglobin percentage of 65 or less. In some of these the blood destruction may be due to other principal or complicating
conditions. In the following list the diagnoses given are the tentative ones made at the time of entering, and it should be said that in those entered as "anemia and ascites," no other cause than a heavy infection with ankylostomum was discovered, and they were treated as grave infections of this sort.

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Under treatment for</th>
<th>Complicating conditions</th>
<th>Hb %</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>F</td>
<td>Ovarian tumor</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>42</td>
<td>M</td>
<td>Fractured thigh</td>
<td></td>
<td>55</td>
</tr>
<tr>
<td>26</td>
<td>M</td>
<td>Abscess thigh</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>36</td>
<td>M</td>
<td>Cellulitis leg</td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>28</td>
<td>M</td>
<td>Osteomyelitis</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>25</td>
<td>M</td>
<td>Uncinariasis</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>14</td>
<td>M</td>
<td>Uncinariasis</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>37</td>
<td>M</td>
<td>Chronic interst. neph.</td>
<td>Schistosomum japonicum</td>
<td>40</td>
</tr>
<tr>
<td>28</td>
<td>M</td>
<td>Anemia, splenomegaly</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>28</td>
<td>M</td>
<td>Subacute arsenical poison</td>
<td>Grave hemorrhages</td>
<td>20</td>
</tr>
<tr>
<td>30</td>
<td>M</td>
<td>Necrosis inf. maxilla</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>21</td>
<td>M</td>
<td>Anemia and ascites</td>
<td>Strongyloides int.; dysent.</td>
<td>45</td>
</tr>
<tr>
<td>38</td>
<td>M</td>
<td>Gangrenous balanitis</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>48</td>
<td>M</td>
<td>Ascites</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>32</td>
<td>M</td>
<td>Anemia, ascites</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>24</td>
<td>M</td>
<td>Chronic diarrhoea</td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>40</td>
<td>F</td>
<td>Anemia, ascites</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>61</td>
<td>M</td>
<td>Epithelioma</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>36</td>
<td>M</td>
<td>Anemia</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>28</td>
<td>M</td>
<td>Ulcer leg</td>
<td></td>
<td>60</td>
</tr>
</tbody>
</table>

The remaining 73% entered the hospital for varying complaints, and no ankylostomiasis was suspected until the stools were examined in the routine way. As a rule no degree of anemia was demonstrable. In many of these cases, however, infection was apparently light; only one or two ova being discovered in the course of examining one or two preparations; many times, indeed, none were seen until the feces were washed and sedimented.

It would seem, therefore, that although ankylostomiasis is abundant throughout the southern part of this province, it is seen as a grave infection in relatively a low percentage—perhaps not more than six or seven per ten thousand of inhabitants. That overwhelming infections are not infrequently fatal is not to be doubted.

If ground itch be a common affection about Wuhu those suffering do not, at least, apply often for treatment. There have been a few suggestive cases seen, but apparently the malady is so uncommon compared with the general distribution of the parasite that no emphasis can be put upon it.

From the statistics prepared nothing can be said of the differences in percentage of infection in the two sexes. The number of females
The China Medical Journal.

examined is very small, but it is of interest that two cases of fatal anemia in women during the past year in this institution were ones in which the only discoverable cause was an abundant presence of this parasite. The blood picture in both of these cases was identical with that of progressive idiopathic anemia. Similar cases have heretofore been reported by Ferguson, of Cairo (British Medical Journal, 1907 p. 1320), who lays stress upon the part played by intestinal sepsis in the production of these high grades of anemia. The attachment sites of the worms, he thinks, become minute septic foci, and the ensuing intoxication is in part, at least, responsible for the grave blood destruction. Certainly the clinical picture in the two cases above quoted suggested in some ways an intoxication, but I am at a loss to account on this theory, for the great hydremia, as evidenced by the extensive effusions into serous cavities and edema of the tissues (see Boycott, Brit. Med. Journal, 1907, p. 1318).

Distribution of Ankylostomiasis.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agricultural workers</td>
<td>82</td>
<td>77.4</td>
</tr>
<tr>
<td>Artisans</td>
<td>9</td>
<td>8.5</td>
</tr>
<tr>
<td>Petty shopkeepers</td>
<td>6</td>
<td>5.7</td>
</tr>
<tr>
<td>Soldiers</td>
<td>5</td>
<td>4.8</td>
</tr>
<tr>
<td>Boatmen</td>
<td>3</td>
<td>2.9</td>
</tr>
<tr>
<td>Business</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Student</td>
<td>1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

In the agricultural workers are included gardeners, farmers, farm coolies, and the destitute who have come recently from that class. Gardening as distinct from farming is, in this district, negligible so far as the purpose of these statistics is concerned, as there is nothing which would make the gardener more susceptible to this infection than the small farmer. Farming, about Wuhu, is always combined with more or less trucking and the use of liquid manure.

Ankylostomiasis here, then, as everywhere else, apparently overwhelmingly preponderates among the country classes, and is infrequent among those living in cities, and especially those of the higher classes.

Trichocephalus dispar.—Percentage of infection, 26.

Of this worm nothing more than the above statistics need be recorded. No cases of heavy infections with this parasite have been noted here, but a relatively recent report of fatal cases in the Philippines, which showed enormous numbers of the worm, should be kept in mind.
Schistosomum japonicum.—Percentage of infections, 7.0.

Infections with this trematode are relatively common here, and as a more detailed study has been made of this series, it is published separately. Of the twenty-eight cases all were males, and the ages varied from fourteen to over fifty. A point of much practical interest is that in a number of the cases no history was obtained which would point to the harboring of such a parasite, and physical examination was negative; other cases gave a history of obscure gastric trouble, and physical examination gave no clue to the real situation. In both, infection with the schistosomum is often exceedingly easy to overlook. My experience leads me to believe that the worm has a widespread and abundant distribution all through the Yangtse Valley, and that in a way it creates as serious havoc as ankylostomum. During the time covered by this report, as many cases of complete disability caused by this parasite have applied for treatment as similar cases caused by ankylostomiasis.

Clonorchis s. has not been seen here in a human host, but is not uncommon in cats, and probably is as widely distributed here as anywhere along the river. No other trematode common to man or domestic animals has been noted.

Strongyloides intestinalis.—Percentage of infection, 1.0.

Of the four cases in which this parasite was observed only one showed symptoms which might be ascribed to it. This was a case of chronic dysentery of about four years' duration with a high grade of anemia and general anasarca. The stools showed, however, large numbers of ankylostomum ova, so that the infection was a double one, in which it would be difficult to decide which was the important factor. The strongyloid embryos were exceedingly abundant, single drops of the watery stools containing from forty to a hundred. Vigorous doses of eucalyptus oil were very effective.

Strongyloides is at times likely to be confused with ankylostomum, but if stools in doubtful cases are examined perfectly fresh, there is little danger of a mistake; ankylostomum is never passed in the free swimming larval stage (Sandwith, "D. of Egypt") and strongylus, except in cases of violent purging, is not seen in the egg. This has, at least, been my experience; in a fresh stool from a double infection the strongyloid embryos were to be seen swimming about among unsegmented ankylostomum ova.

Oxyuris vermicularis.—Percentage of infection, 8.

This is apparently an exceedingly uncommon parasite here. Of the three cases seen one was a foreign child, who had doubtless imported it.
Tania saginata.

Cestode infections in man are admittedly unusual in Central China. The one case to be reported here came to me in great distress, having passed about six feet of segments; neither she nor any of her friends had heard of such a calamity, and it was thought to be a strange and deadly affliction. The scarcity of this and T. solium is perhaps not to be wondered at, because both beef and pork are here prepared by thorough cooking in small pieces. In the southern provinces, I am told, meat is sometimes cooked in large joints, a procedure which might give the worms a chance of survival. With fish the situation is much the same, except that certain small fish are sometimes insufficiently cooked or are dried, and are eaten whole. I have found cestode larvae in these fish in abundance. Bothriocephalus latus is not uncommon in cats here, but thus far has not been seen in a human host.

Amoeba.

One case of chronic dysentery showed the presence of amoeba coli. There has been one case (operative) of hepatic abscess; also the stools from which were negative for amebæ.

In one case the presence of an apparently non-pathogenic feebly motile amoeba was noted. Systematic study of dysenteric cases with proper precautions of technique would probably show a higher percentage of amebic infections here.

Intestinal myiasis.

Three infections with the larvae of diptera have been seen. The condition was here apparently one of purely academic interest; brisk catharsis was entirely successful in eliminating the grubs. No attempt was made to identify the species. One of the cases was a foreign child, six years of age.

REPORT ON THE EXAMINATION OF 1,000 STOOLS FROM INDIVIDUALS IN THE YUNG-CHUN REGION, FUKIEN.—J. PRESTON MAXWELL.

Duration of research: October, 1907-November, 1909.
No. of consecutive stools examined, 1,000.
Males, 890: Hospital patients and the inmates of two boys' schools.
Females, 110: Hospital patients.

These patients were suffering from all kinds of troubles, both trivial and serious; no selection whatever being made.
As to the females: Ova were found in the stools of 90, a percentage of 81.8.

Of the 90, there was round worm infection in 86 or 78.18%.
- 13 or 14.8% tricocephalus
- 3 or 2.7% ankylostomum

In only one case of the tricocephalus infection was the case marked; the rest were trifling infections. In the 3 ankylostomum infections all had been at work in the fields, two were engaged in herding cattle and the infection in each case was slight.

In the 86 round worm infections—
- 6 patients had only unfertilized ova in small numbers.
- 30 patients had only fertilized ova.
- 50 patients had both fertilized and unfertilized ova.

28 of these patients presented over 20 ova per slide prepared in the usual way, and 188 were counted in a slide from a girl of 9 years of age. This infection was distributed fairly evenly over the life; the youngest case was 3 years old; the oldest 73 years old.

As to the males: 63 of the 890 belonged to two schools:

(a) One school, 22 pupils: all infected with parasites.
(b) One school, 41 pupils: 15 not infected, but of these several had been repeatedly treated with santonin within three months of the research. 26 infected with parasites.

Of school (a): 1 presented ankylostomum ova; he used to work in the fields, and the infection was trifling.
Of school (b): 1 presented ankylostomum ova, and the above description applies to him also.

Of school (a): 2 presented the ova of tricocephalus dispar.
Of school (b): 1 presented the ova of tricocephalus dispar.
Of school (a): 21 presented round worm ova.
- 12 presented only fertilized ova.
- 9 presented both fertilized and unfertilized ova.

Of school (b): 25 presented round worm ova.
- 12 presented only fertilized ova.
- 1 presented only unfertilized ova.
- 12 presented both fertilized and unfertilized ova.

The remaining males, 827 in number, had 162 free from infection; 80.412% of the general male population are infected with intestinal parasites.

But of these 67 were in for the cure of the opium or morphia habits, and of these no fewer than 29 were free from infection; of the opium and morphia takers only 56.717% are infected.

Deducting these opium smokers there remain 760 individuals, of whom 133 were free from infection, giving 82.5% of the general population (excluding opium smokers) who are infected with intestinal parasites.
Five parasites were found—
(1). The round worm, male and female.
(2). The ankylostomum duodenale, male and female.
(3). Tricocephalus dispar.
(4). Anguillula stercoralis (embryos only).
(5). An unknown parasite, possibly a physaloptera.

Round worms were found in 616 individuals, or 74.486 % of the general population (male).
Tricocephalus dispar was found in 96 individuals, or 11.6 % of the general male population.
Ankylostomum duodenale was found in 111 individuals, or 13.4 % of the general male population.
Anguillula stercoralis was found in 6 individuals, or 7.25 % of the general male population.
The unknown parasite in 1 individual.

Of the round worm infections—
63 individuals presented only unfertilized ova; in no case in large numbers,
336 individuals presented only fertilized ova.
217 individuals presented both fertilized and unfertilized ova.

In 122 individuals there were over 20 ova per slide, and the highest number counted was 124 in a man of 33 years of age.
Of the tricocephalus dispar infections only one was marked, and it was doubtful whether it gave rise to any symptoms.
Every one of the patients presenting ankylostomum infection had worked in the fields, and in 13 individuals the infection was serious and needed appropriate treatments.

Of the anguillula stercoralis infections one patient had been in Annam, the rest had never been out of the district. One patient presented no other disease save abdominal discomfort and diarrhoea. His infection was a heavy one, and he had been ill several years. It yielded to steady dosing with thymol (ten grs. three times a day), which he took for several months, and now a year after there are no embryos to be found; he is fat and well and has lost all his old symptoms. The writer hopes to add a supplementary report on some points connected with these statistics at a later date, but the researches connected therewith are not yet complete.

NORWEGIAN MISSIONARY SOCIETY’S HOSPITAL, YIYANG, HUNAN.
Fecal Investigations made by Dr. Volrath Vogt.

Nearly all Chinamen in this district have ascaris lumbricoides; only some few have tricocephalus dispar. This year we have had 3 cases of ankylostomiasis. The worms found in these cases are ankylostomum duodenale, not Necator Americanus.
In 2 cases this year we have found schistosomum japonicum. Some days ago I also found a bowel parasite that, according to Sir Patrick Manson's description in "Tropical Diseases," turned out to be fasciolopsis buskii.

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**Extract from a Letter from Dr. C. K. Roys, Weihsiien, with Statistics from Tsingtau.**

I enclose a list of intestinal parasites found in Tsingtau by the German government medical staff. Dr. Uthemann, head of the medical staff, has been most kind in causing these figures to be collected.

I noticed in your preliminary reports that Oxyuris vermicularis was considered rather rare. It is extremely common here, though not often demanding treatment *per se*. I operate on 50 or 60 rectal cases a year and rather expect to see thread-worms in a majority of the cases.

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### Statistics from Tsingtau

<table>
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<tr>
<th>NAME</th>
<th>1899-90</th>
<th>1900-01</th>
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<th>1903-04</th>
<th>1904-05</th>
<th>1905-06</th>
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<th>1907-08</th>
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<td>Eingeweide würgen</td>
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<tr>
<td>Taenia (allgemein)</td>
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<td>19</td>
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<td>1</td>
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*Rechte lunge.

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**Reports of Worm Infections Arranged According to the Provinces of China; Also from Manchuria, Korea, Formosa, Hongkong and Siam.**

These reports are, for the most part, drawn from the reply-paid postcards issued to all the members of the China Medical Missionary Association, supplemented by the figures drawn from detailed investigation published in this and former interim reports and by a few other accounts variously obtained.
It may not be out of place here to give a few details about these reply-paid postcards:—

104 cards were returned to the chairman, but of these—
20 were useless; the doctors being away or unable to give any information.
23 were replies which were of little value for our enquiry.
61 were of more or less real use.

Including these postcards, we have obtained replies from the following twelve provinces:—

Kwantung. Kiangsu. Hupeh.

Shensi (reports almost useless).
Szechuan.
Kwangsi (reports almost useless).

Also from—

Manchuria, Korea, Formosa, Hongkong, Siam.

We have received no replies of any kind from six of the provinces:—
Honan, Kansu, Shansi, Yunnan, Kiangsi, Kweichow.

We have decided to omit from these statistical tables the tricocephalus trichiurus and the oxyuris vermicularis.

Reports arranged according to the provinces are as follows:—

1. Kwantung Province:—17 reports from 11 places scattered all over the province.

Ascaris. 75 °/0 or more of the population affected.
Ankylostomum. Very common, probably nearly 50 °/0.
3 reports give a mixed infection of ankylostomum duodenale and Necator Americanus.
3 after investigation can find only the A. duodenale.
Anæmia is met with in from 10 °/0 to 20 °/0 of the cases.
Thymol is used as the vermifuge by 5. Santonin by 1. Quassia by 1.

Tape-worms. 6 reporters have never met with a case.
3 more have only seen them in imported cases.
3 report them as rare.
2 merely mention them as present. One of these and one other give the variety as tænia solium.
Clonorchis sinensis. 3 reports. Percentage affected varying from 2 °/0 to 17 °/0.
Fasciolopsis buskii affects 1 °/0 of the inhabitants of Chao-chow-fu.
Schistosomum japonicum is reported as absent by two excellent observers.

2. Fukien Province:—7 reports; not fully satisfactory, as they include only the area of the coast line and a short distance inland.

Ascaris. Very common. 74 °/0 in a series of 1,000 (Maxwell, Yungchun).
Ankylostomum. Common. 13 °/0 male, 3 °/0 female population, in series of 1,000 (Maxwell, Yungchun). 15 °/0 in a series of 95 (Sanger, Hinghwa).
Ankylostomum duodenale only reported. Thymol is used as the vermifuge by 5. Beta-naphthol by 2. Eucalyptus by 1.
Tape-worms. Only found in imported cases. Strongyloides intestinalis. (Syn. Anguillula stercoralis.) Report of 6 cases (Maxwell, Yungchun.) Paragonimus westermani. Probably only imported from Formosa. An unrecognised parasite. Possibly a physaloptera (Maxwell, Yungchun.)

3. Chekiang Province:—10 reports, fairly distributed over the province.
Ascaris. 75 %. Ankylostomum. 3 report fairly common, 3 report rare, 3 report absent, but of these 2 do no microscopic work. Further investigation needed. Ankylostomum duodenale only found. Thymol used as vermifuge. Tape-worms. 4 report absent. 1 report of taenia solium; possibly these cases are only imported. Clonorchis sinensis. Reported absent from Ningpo by a very competent observer. Fasciolopsis buskii found at Ningpo and Shaoshing. Schistosomum japonicum reported from Kashing.

4. Kiangsu Province:—7 reports from 3 places only; all in the Yangtse Valley. It should be noted further that reports from a city like Shanghai can seldom be very satisfactory, owing to the large numbers coming to hospital from those only temporarily resident in the city for purposes of employment or trade.
Ascaris. About 60 %. Ankylostomum. 5 % or more. Anaemia marked in about half of these. Ankylostomum duodenale only found. Thymol alone used as vermifuge. Tape-worms. Absent. Clonorchis sinensis. Reported from Shanghai. Schistosomum japonicum. 1 case (Davenport, Shanghai). Fasciolopsis buskii. 2 cases (Garner, Day). Fasciolopsis goddardi. (Ward.) 1 case (Garner).

5. Shantung Province:—6 reports, fairly distributed over the province.
Ascaris. Very common. Ankylostomum. Reported as present, but not very common. Ankylostomum duodenale only found. Thymol alone used as vermifuge. Tape-worms. Seldom, if ever, met with, except in imported cases.

6. ChiHli Province:—6 reports, fairly distributed, but not very full.
Ascaris. 70 %. Ankylostomum. Absent. 2 reports. Tape-worms. Rare. 3 reports. Taenia solium found in one case. 1 report. Taenia solium in three cases in Peking. 1 report. Present in tens of thousands. 1 report.

Evidently much fuller evidence is required to explain the discrepancies.
7. HUPEH PROVINCE:—10 reports; many of great excellence, but rather confined to the eastern half of the province.

Ascaris. About 75%. 
Ankylostomum. Present throughout the whole province, but apparently more common in certain localities.

As in the reports about other provinces the amount of anaemia attributed to this disease varies enormously. The explanation, however, of this is very simple. We find that the larger the percentage reported of infection the lower the anaemia ratio; the fact being that in many places only anaemic patients are examined for the infection.

Ankylostomum duodenale and Necator Americanus found by 1 reporter. All other mention A. duodenale only.

Thymol is used as the vermifuge by 4; eucalyptus by 2.

Tape-worms. 3 cases of taenia solium reported from Hankow; elsewhere absent. Is it possible that these were imported cases?

Schistosomum japonicum. Reported from 8 places. Therefore it has a fairly free distribution in this province. The numbers vary from "two cases" in one report to "fairly common" in another.

Clonorchis sinensis. One report from Hankow. May this not be an imported case?

8. ANHWEI PROVINCE:—Only two reports, but these very excellent ones.

Ascaris. 68%. 
Ankylostomum. About 30%, anaemia in 10% of cases.

Ankylostomum duodenale and Necator Americanus both reported. Thymol used as the only vermifuge.

Tape-worms. 1 reported case of taenia saginata.

Schistosomum japonicum. About 8%, of population.

Strongyloides intestinalis. 4 cases in series of 400 cases (Houghton, Wuhu).

9. HUNAN PROVINCE:—6 excellent reports, fairly distributed.

Ascaris. About 75%.

Ankylostomum. Fairly common. 1 report of Nectator Americanus; all others of ankylostomum duodenale. Thymol used by 4, but of these one also uses and prefers eucalyptus.

Tape-worms. Very rare. Taenia solium reported once.

Schistosomum japonicum. 4 reports from Changsha, Changteh, Hengchow and Yiyang.

Fasciolopsis buskii. 1 case (Yiyang).

10. SHENSI PROVINCE:—2 reports, both of little value for statistical purposes.

Ascaris. 50% or more.

Ankylostomum. ?

Tape-worms. Absent. 1 report.
11. Szechuan Province:—7 reports, well distributed over the province.

*Ascaris.* About 75%.  
*Ankylostomum.* "Common" or "very common." *Ankylostomum duodenale* only found. Vermifuges:—Extract Felix Mas., if fresh, 3; beta-naphthol, 3; thymol, 2; santonin, "some good," 1.

*Tape-worms.* Absent, except in imported cases, 3.

*Schistosomum japonicum.* No reports. [Note.—Further investigation needed. It is difficult to believe that this infection, so common in the Yangtse Valleys of Hupeh and Hunan, should suddenly cease on the Szechuan border.]


*Ascaris.* Very common.  
*Ankylostomum.* Absent! [Note.—It is incredible that an infection so widespread in the neighbouring provinces of Hunan and Kwangtung should be absent from Kwangsi.]

13. Hongkong:—2 very valuable reports.

*Ascaris.* Very common.  
*Ankylostomum.* Fairly common. Only *Ankylostomum duodenale* found. 

Thymol alone used as vermifuge.  
*Tape-worms.* Only imported cases.  
*Schistosomum japonicum.* 2 cases reported.  
*Clonorchis sinensis.* Common.  
*Fasciolopsis buski.* 1 case (origin not given).  
*Paragonimus westermani.* Reported (probably only imported cases).

14. Manchuria:—3 reports.

*Ascaris.* 70%.  
*Ankylostomum.* Absent, after microscopic examinations. 1 report.  
*Tape-worms.* Not common. Variety *tænia solium.*

15. Korea:—3 reports.

*Ascaris.* 75%.  
*Ankylostomum.* Fairly common. Only *Ankylostomum duodenale* found.  

Beta-naphthol used as vermifuge.  
*Tape-worms.* Common. All varieties, 1 report. *Tænia saginata,* 1 report. *Tænia solium* and *T. lata,* 1 report.  
*Paragonimus westermani.* Present.  
*Clonorchis sinensis.* Present.

16. Formosa:—3 reports.

*Ascaris.* 76% in a series of 1,000 cases.  
*Ankylostomum.* 44% in males, from a series of 1,000 cases. 20% in females.
Anæmia present in from 10% to 20% of the cases. Only *Ankylostomum duodenale* found (result of many examinations). Thymol used as vermifuge, 2. Beta-naphthol, 1.

**Taenias.** 1 report only, and that of a case not seen personally.

17. **Siam** (near Yunnan border):—1 report.

*Ascaris*. 50%–75%.

*Ankylostomum*. Fairly common. Only *Ankylostomum duodenale* found.

Thymol used as vermifuge.

*Clonorchis sinensis*. Present.

*Strongyloides intestinalis*. Present.

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**NOTES ON ELEPHANTIASIS AND A CASE TREATED BY LYMPHANGIOPLASTY.**


Those of us who work amongst Chinese will bear me out when I state that the general feeling among our patients is that elephantiasis, as evidenced by immense limbs (and occasionally other parts), is an incurable disease; it is true that sometimes we are able to help them by lopping off an unwieldy member, but after all this cannot be considered good surgery. Many of us are practically of the same opinion when confronted with these cases daily, and Chinese quacks and foreign surgeons seem alike ignorant of a cure. It is reasonable first to enquire whether there are any prophylactic measures possible by which the occurrence of tropical elephantiasis might be made rare. And to do this intelligently one must consider the facts as regards its etiology and pathology. As far as I have met it, elephantiasis in one's practice in Ningpo seems to be almost wholly limited to the men who work daily in the rice fields up to the ankles or deeper in water; the only other part of their anatomy, which comes in direct contact with the water, are the hands, engaged first in dibbing the individual rice plants into the mud and later on in keeping the surface weeds from prejudicing their health; it is important to note the fact that the hands are in far more active motion than the legs, and so would be less likely to become attacked by disease-provoking agents in the water, but the opportunities for inoculation in the legs are continuous if the source of infection resides in the paddy fields. It is a well-known fact that the higher in altitude a village lies the smaller

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the number of cases of this disease; the fact that some hillmen regularly descend to the plains for agricultural purposes might account for even this small number. Almost every case met is in one or other leg, or both, and seldom elsewhere; the proportion of those affected varies greatly, but in some districts it is no uncommon experience to meet a file of men coming from market with every fourth or fifth carrying an extra load in the form of an elephantoid leg.

In women one rarely but occasionally meets the disease, and yet the largest leg but one, met in nearly five years, belonged to a Christian woman, to whom, when in difficult labour, I was called professionally. The only other case I have seen was a bilateral hypertrophy of labia majora, presumably, from its appearance on section, elephantoid.

Whether the comparative rarity of the disease in women is apparent or real only careful enquiries will show, but from the fact that but two cases have been met in several years of Chinese practice, makes it probably a real rarity. It this be so, it is pertinent to ask whether, first, the comparatively small disease incidence in women is caused by the fact that they seldom in this region work in the paddy fields, or secondly, the theory usually advanced is correct, which conceives the filaria conveying culex deliberately choosing males for inoculation and almost invariably selecting the lower limbs with all the possibilities of a semi-naked body before it; It is true that women usually wear more garments than the men, but almost always the voluminous trousers of the female allow of an easy access to the lower part of the leg, and the arms and hands are even more often bitten; again, the number of foreigners who have worked in these regions and who have not incurred the disease, is not small, and no one escapes being bitten, even when fully clothed.

In this region leechbites are very common as a consequence of working in the fields, and, in one case I met, an attack of elephantoid fever followed hard on a single leechbite. In this man an intense lymphangitis commenced at the leechbite, and the temperature was more or less continuously 103°-104° for 10 days, with enlargement of femoral glands and thickening of the skin over that region. I was given the rare opportunity of excising a portion of the pachydermatous tissue during the acute stage and investigating it microscopically; nothing in the form of micro-filaria, aborted ova, or parent worms was found; only a round-celled infiltration, together with an excess of fibrous tissue; the latter perhaps the relic of a former attack, the former highly suggestive of the presence of micro-organisms or of their
Toxins; it is just possible that other methods of staining might have demonstrated the real nature of the causal agent.

Such attacks are very commonly met and are not considered as serious, often lasting not more than a week; the local term is "flowing fire." The accompanying oedema gradually passes away, but each subsequent invasion leaves the limb in a condition less able to return to the normal.

If filariasis were the sole cause of elephantiasis, directly or indirectly, it is remarkable that dogs and other animals escape so completely, filaria immitis being so common and the dog being by no means immune from injuries from blows, which have been called in to account for lymphatic obstruction due to ova prematurely discharged by the parent worm.

To put it more concisely the following reasons seem to be against filaria bancrofti being the sole cause of elephantiasis as met in this part of China, and more especially if mosquito-borne.

(1). Elephantiasis is extremely common, especially in the level country, whilst filariasis is apparently rare. At a meeting of 16 American and English doctors at Mohkanshan, when this paper was read, only one had demonstrated filaria nocturna; out of 50 cases examined at night by Dr. Beatty in Hangchow hospital, without selection, 3 of whom were cases of elephantoid fever, not one was found to contain micro-filaria. Out of 120 men examined without selection in Ningpo hospital, only one contained filaria at night; he came from Southern Taichow.

(2). The sex generally affected is the male, out of all proportion; if the only method of infection with filarial embryo (supposing this to be the cause of elephantiasis) were through culex fatigans and certain other mosquitos, as has been proved to take place, one would expect an equal sex-incidence of elephantiasis.

(3). The part usually affected is the leg; if the bites of mosquitos, etc., were the means of infection, the arms and other exposed parts would be just as likely to be affected by elephantiasis, and that in both sexes.

(4). The class affected is the country labourer in the rice fields. It is extremely difficult to differentiate the mankind in any village where the disease is endemic, for every male seems to be a practical farmer by instinct and most have been in the fields at some period of their lives, but it would seem to be a well-founded impression that those who are engaged in literary or commercial pursuits are exempt to a greater degree. If the disease were solely mosquito borne, dwellers in cities and country should show a more equal proportion of elephantiasis cases, for culex fatigans and stegomyia fasciata are common in city and country and are no respecters of persons.

(5). If filaria immitis and probably others affecting dogs and animals generally can be considered analogous to filaria bancrofti in man, one might expect occasionally to see like elephantoid effects in the limbs of the more aged animals thus affected.

(6). In the vast majority of cases of filarial infection there is no disease produced; the host is "tolerant" of the parasite (Lankester); if this be a fact how can we account for the large number of cases of elephantiasis and the small number of individuals of all ages, in whose blood filaria have been demonstrated?
Notes on Elephantiasis.

Possibly it is because we have failed to take advantage of the opportunities for research which have been given to us. And we lay ourselves open to blame if we individually contribute no facts from our experiences which will help subsequent observers in investigations.

So that with regard to prophylaxis we must remember that Chinese agriculturists are the class most affected, and as Chinese food, i.e., rice, and Chinese prejudices are factors which are not likely to alter, we can only make the suggestion that all those who work under the conditions detailed should wear stockings roughly waterproofed according to native methods, using strong coarse material which could be repaired or reproofed at home; the cost and trouble represented by even this simple means would cause it to be neglected by the vast majority of Chinese, who would deliberately choose the chance of elephantiasis when confronted with an additional expense. One other suggestion: all sores and ulcers should be treated early; it is possible that some day we shall find that a proportion of the numerous ulcers of the legs belong to the class of "infective granulomata" and are intimately connected with elephantiasis; such ulcers, if treated in the early stages, might abort later developments; it is interesting to note that some observers have actually isolated a diplococcus and hold it responsible for the after-effects, presumably by causing an obliterator lymphangitis. Of the 120 cases of men examined at night in C. M. S. hospital, Ningpo, no less than 24 had elephantiasis fever, and only one had filariasis.

In the above remarks I have not touched upon the group of what Manson calls elephantoid diseases, chyluria, lymph scrotum, chylocele, etc., but this is because I have not met a case as yet; it certainly occurs, but is in the long experience of a Shanghai physician far more common amongst his Sikh and Parsee patients than amongst his far more numerous Chinese patients. It is chiefly to stimulate myself and those of us engaged in Chinese practise to a greater keenness in observation, clinical and microscopical, that the foregoing remarks have been made. What each of us should aim at is the truth. Each one of us, however busy, can contribute facts from his or her sphere of work which would make many of our present doubts into certainties; at the same time some of our generally accepted certainties would become more doubtful. Theories are most useful things, and we must be thankful to Sir Patrick Manson for his filarial-mosquito-borne-lymphatic-obstructional one, but from the few imperfectly ascertained and feebly expressed facts I have mentioned the possibility of other causes of lymphatic obstruction must be allowed in these cases; moreover, there seems to me evidence to show that the filaria nocturna and culex fatigans (with
certain others) in this part of China are not always the guilty couple; also that micro-organisms, suitably inoculated, could certainly cause first an acute and subsequently a chronic obliterative lymphangitis, as a result of which true tropical elephantiasis could be set up.

The second part of my paper leaves theories, and is intended to bring to your notice a case of elephantiasis of the leg in which I performed the operation termed lymphangioplasty by its originator, W. Sampson Handley, of Middlesex Hospital, London.

Photographs show the extraordinary improvement which took place in the limb and also suggest that in some way or other the general health of the patient improved, but this may be merely the result of regular meals and attention. The man was married, aged 35, and had been engaged in agricultural pursuits; he gave assent to the experiment; it being explained that a cure could not be guaranteed, as it was the first case attempted by me.

His leg was moderately enlarged by elephantiasis, not extending above the knee. History of many years' gradual enlargement with successive exacerbations of lymphangitis; no filaria were found in his peripheral blood; there were two deep unhealthy looking ulcers on the foot, of the kind which I find extreme difficulty in curing in outpatient practice when complicating elephantoid legs; the larger ulcer, not visible in the photo, measures some 3.5 × 1.5 inches, pale and weakly granulations lay at the bottom of a deep crater with thickened margins.

For three days prior to operation the leg was washed with soap and water and compresses of very weak antiseptics applied continuously; the patient was kept in bed as far as possible. The day previous to operation the skin from well above the knee to just above the ankle was painted with tincture of iodine and again just before operation.

Six pieces of plaited silk, ordinarily used for ligaturing large vessels, had been boiled twice and allowed to cool in the interval; they were about 16 inches in length, and we devoutly hoped sterile.

With a scalpel small vertical half inch incisions were made at the level of greatest calf diameter, with intervals of about two inches, chiefly on the anterior and peroneal aspects of the limb; using these incisions a long combined needle and holder was made to enter the subcutaneous tissue, guided by the finger externally. With the exercise of a varying amount of force it was finally made to emerge by piercing the skin just above the ankle, avoiding the horny masses of elephant-like hide seen in the photograph; it was in this position
threaded with the silk and made to retrace its path; thus the silk was embedded from the ankle to the lower part of the incision, except that the needle was first threaded and then made to traverse the subcutaneous tissue upwards, where it pierced the skin well above the knee, the procedure was the same in the upper portion; at the upper puncture the silk was seized and cut, the blunt needle withdrawn; projecting portions of the silks, were cut away and the small incisions closed with silkworm gut. In this way were embedded some six fairly thick strands of plaited silk, each about fourteen inches in length, extending from the ankle to the healthy tissues above the knee. The silk threads were made to follow the general direction of the normal lymphatics, viz., from without inwards towards the popliteal region. Boiled absorbent non-medicated gauze dressings were applied and the limb firmly bandaged and slightly elevated.

It was not disturbed for six days, and long before that time the loosely hanging bandages and normal temperature with total absence of pain showed us that the new lymphatic channels were doing their work well, and not only so, but the ulcers on being examined showed clearly by the rapid change in colour and the diminution in size of the ulceration that the diminished pressure of lymph was an important factor in healing; as a matter of fact the ulcers were quite healed within the fortnight without any drugs or ointments.

All stitches were removed on the sixth day, and the leg, which before operation was 19 inches at the calf, was now 16 3/4 inches, and on the 12th day 15 3/4 inches, as compared with the normal calf, which measured 14 inches.

Patient and doctors were alike pleased, and a good deal of incredulity which had existed in the minds of my own native assistants was now replaced by the feeling that a cure had been found; a rude shock was experienced when, after a good deal of walking, the end of the first day after three weeks in bed saw a great enlargement of the "cured" leg.

By the aid of massage and firm bandaging and a more gradual return to more ordinary locomotion this was remedied; when last seen the patient wore a happy and contented expression and was rejoicing in a fairly normal limb, though the thickening near the ankle was still present.

Whether this will last or not remains to be seen; the introducer of the method suggests at least ten years, based upon theories as to the length of time that the silk will remain unabsorbed, but this may be far longer and may be far shorter; time will show.
The China Medical Journal.

A PLEA FOR THE WIDER USE OF PSYCHO-THERAPY, WITH REPORT OF CASES.

By H. B. Taylor, M.D., Anking.

As its title suggests the object of this very inadequate paper is solely to bring more definitely to the notice of the members of our Association the success attained in some cases by the use of psychotherapy, thereby stimulating them to a study of the subject and a consequent use of this method as occasion arises.

Psychotherapy is, as Cabot expresses it, "the systematic application of mental methods to the cure of disease." By mental methods is meant all ways in which those who are suffering from functional nervous or mental disorders, functional diseases of other organs, drug habits, etc., are helped and educated back to sound bodily and mental health and includes widely treatment by hypnosis, suggestion without hypnosis, educative methods, spiritual counsel, encouragement, and moral support.

I suppose we all recognize that these methods of treatment are being more and more used by the profession in England and America as the best and at times the only way of successfully treating certain functional diseases, which depend solely on morbid states of mind or body. We have all doubtless heard of the Emmanuel Movement and of the widespread good it has wrought through the cooperation of clergyman and physician in restoring health and bringing hope to many sick souls. Should not each one of us investigate this treatment for ourselves with open minds and without preconceived ideas and be on the lookout for opportunities to test its efficacy among our patients?

Part of a quotation from a recent book by Dr. R. C. Cabot, of Boston,* tells of the present attitude of the profession at home. He writes: "Doctors are realizing that they must know more than they do of:

(a) Diagnostic psychology, the scientific study of character in health and disease.

(b) Therapeutic psychology, the systematic application of mental methods to the cure of disease.

(c) Educational psychology, the science and art of pedagogy as applied to the training of sick minds, sick wills and ungoverned emotions."

Again "'matter and spirit belong together; neither of them independent, neither slavishly subordinate. Each interpenetrates everywhere, and whoever neglects either in his field of work comes to grief.'"

So let us not forget that this treatment through the mind and spirit may be the means by which we can best help some of the greatest sufferers among our patients.

Many will urge that we should not use a method—hypnotism—which is said to be attended with grave dangers, such as the weakening of the patient's will, the commission of crimes, etc. But do such grave dangers actually exist? A reference to any one of the standard works on this subject will show that in competent hands the dangers are imaginary rather than real. I shall content myself with the following quotations from those who have had most experience with this method: "The central factor of all treatment by suggestion is the development of the patient's control of his own organism (1)." "In my own experience I have never seen any instance of weakening of the will or of enfeeblement of personality through suggestion, though I have seen innumerable examples of the strengthening of character and liberation of the will from bondage and evil habit (2)." "The second objection to suggestion, both waking and sleeping, is that if good and helpful suggestions will be accepted and acted on, evil and harmful suggestions may also be imposed on passive and unresisting minds. It is one of the encouraging facts in regard to human nature that this natural apprehension has proved to be unfounded (2)." "On the contrary, what we observe in hypnosis is an elevation of the moral faculties, greater refinement of feeling, a higher sense of truth and honor, often a delicacy of mind which the waking subject does not possess (2)." "I have never seen a suggestion accepted in hypnosis which would have been refused in the normal state. I have observed that suggestion could be resisted as easily in the lethargic as in the alert stage. I have frequently noticed increased refinement in hypnosis; subjects have refused suggestions which they would have accepted in the normal state (3)." "I have induced hypnosis about sixty thousand times and I have never seen or heard that anybody suffered any bad effect afterward (4)." "So with hypnotism. Its power for good is undoubted; it fills a place that nothing else can fill so adequately, and used with proper precaution and under necessary restrictions it is perfectly safe (5)." In actual practice, however, we find that much can be accomplished and symptoms made to disappear by waking suggestion, and it is with this aspect of the question that this paper more especially deals, as in none of the cases of my very limited experience was there any approach to hypnosis.

It is a pity that so many physicians approach the subject with preconceived prejudice, due in large measure to the flagrant advertising
and exaggerated statements of some who use this method. This should not prevent us from investigating for ourselves with open mind, nor should we let mutual suspicion or professional narrowness keep us from working side by side with our clerical brethren, whose help at times is indispensable in treating those mentally or spiritually overwrought.

The special application by us of psycho-therapy on the mission field, for the present at any rate, seems to me to be found in the treatment of those of our own race who are living a life of impaired usefulness or perhaps are in danger of being sent home from their chosen field, of life-work by reason of one or more of those troubles to which this treatment is especially applicable. Perhaps under the stress of new and strange conditions of life, of contact with another people, of continued work without adequate recreation, of loneliness, of uncongenial surroundings, of lack of spiritual stimulus, and not to any extent of climate, he or she becomes run down and, showing it at the weakest point, loses control of the nervous system. This is manifested in any one of many symptoms, e.g., insomnia, lack of will power, irritability, distressing thoughts, unreasonable fears and emotions, pain in various localities without discoverable physical cause, etc. We all know the picture. How much better it is to be able to give the sufferer (none suffer so acutely) the hope of regaining entire control of himself on the field by the use of psycho-therapy, than to send him away broken in body and spirit to try the effect of change of scene. Suppose the latter to be the method chosen and our patient goes home where, after a longer or shorter time, he gets well. If he be a missionary in spirit as well as in name, he will not remain long before returning, and are not the chances that the fear of the same vicious circle re-establishing itself and again driving him home will be ever present with him and tend in itself to that re-establishment? While if the patient, with the help of suggestion, is able to resume control of his organism in spite of the adverse conditions of life, he will gain materially in self-respect and will-power and lose forever fear of recurrence.

May I digress here, in this connection, and say that I feel strongly that whatever the disease we should exhaust every method of treating our patients out here before sending them home. Every worker invalidated home, besides crippling our work out here, hurts the missionary cause and gives people a wrong idea of the hardships of missionary life.

As regards the use of suggestion with the Chinese I feel that success lies in teaching the subject to our Chinese doctors and ministers. The barrier of language is almost insurmountable, as it is
necessary that the patient should have his attention caught by the 
substance of the doctor's suggestions, not drawn to the form of the 
language in which the suggestion is couched. This seemed to me to 
be the disturbing element in the one unsuccessful case I have had 
among the Chinese. While in addition the patient, before being 
treated, must understand thoroughly what is expected of him and be 
able to put himself in a receptive mood,—conditions almost impossible 
of fulfillment between a foreigner and the average Chinese.

There is no special gift required to be able to treat cases success­
fully by this method. Given a knowledge of the subject, enthusiasm, 
and common sense, and no one need find difficulty in influencing cases 
to which suggestion is applicable.

Psycho-therapy is just as truly a gift of God as the knowledge of 
the uses of quinine, and is to be used by us in that spirit of thankful­
ness and glory to Him without which all of our work would be but 
purposeless. After a use of suggestion, this fact is all the more 
apparent, for the results strike one as supernatural.

Oftentimes in the treatment of some of the cases, especially those 
we are likely to meet on the mission field, we cannot stop at simple 
suggestion and cure our patients, but must usurp some of the functions 
of our brother ministers and supplement therapeutic suggestion by moral 
support, encouragement, strong faith, and advice along spiritual lines.

The cases I have to report are few in number and show a large 
proportion of failure, but the successes have been more than enough to 
repay many times the amount of study I have put on the subject.

The first case is that of a nurse, who inherited a decided tendency 
to nervousness. This manifested itself in childhood, causing her to be 
taken from school twice. After being on the field for a year and a 
half, which was spent in hard and unaccustomed study, she became 
very much run down, due primarily to six weeks of her first vacation 
having been spent on night duty without sleeping facilities. In spite 
of physical depression she persisted in her study, and without warning 
began to suffer from intractable insomnia. This went on for several 
weeks before she consulted me in the spring of 1907. I found a 
beginning case of neurasthenia with asthenopia, lack of control, pain 
in back, and insomnia as chief agent in the vicious circle. I stopped 
her study, ordered regular rest and exercise with outdoor life, gave 
tonics and tried in various ways to overcome the insomnia, e.g., hot 
baths and packs, fatiguing exercise, etc., and when these means failed, 
trional and later veronal. These hypnotics had to be taken regularly 
to insure sleep, which was not restful and followed by disagreeable
after-effects. In spite of sleep gotten in this way, her condition grew steadily worse. I had become interested in psycho-therapy on my way out to China through Bishop Roots, and with his help and encouragement had studied the subject somewhat. And as a last resort I offered my patient to give her treatment by suggestion. You can well imagine my ignorance of the practical side of the subject when I tell you that I have never yet seen a patient under hypnosis, and at that time the method of waking suggestion had not been developed. On the occasion of the first treatment I was inwardly more nervous and excited than my patient. The effect was marked. She slept much better than before after the first treatment, and on the fourth night slept restfully practically all night. In response to suggestion she was also able to sleep in the afternoons—something never before possible. After three weeks of daily treatment she considered herself well, and I foolishly allowed her to resume study at Kuling during June. There conditions were very irritative and insomnia again began to trouble her. I referred her to Dr. S. Cochran, with whom I had discussed this treatment, and after two treatments she was able to sleep better, but remained in poor condition all summer. In August a light attack of typhoid supervened, during which nervous symptoms were in abeyance. Convalescence, however, was much prolonged by external conditions of a disturbing nature, over which she could have had no control. In December she returned, before physically fit, to work amid uncongenial surroundings, and before long began again to suffer from insomnia. At this time distressing thoughts and unreasoning fears were prominent features, and owing to them patient's condition was much worse than ever before. To overcome these symptoms, in addition to the insomnia, was much more difficult, but by dint of perseverance for a month with daily treatment by suggestion, as well as by encouragement and help at other times, she was able to resume regular work and has remained well nearly two years in spite of repeated strain. The case was a most instructive one, and well shows the power of suggestion without hypnosis in controlling the symptom that kept up the vicious circle.

Two more successful cases are worthy of mention—both wives of missionaries and both afflicted with obstinate constipation since girlhood. A few points concerning each may be of interest.

The first treated had been obliged to take cascara daily for years, with periods of occasional freedom for a day or two and again periods in which the dose had to be increased. In the summer of 1908 her condition became worse; nothing had any effect. Enemas were
resorted to, but soon they were insufficient, and there were periods of nearly a week without a movement. A natural action had not occurred for months. At that time I was given the opportunity of treating her by suggestion. She knew a good deal about the subject, but was most skeptical as to its efficacy in her particular case. The first treatment took place after she had been two days without a movement, and there was no approach to hypnosis. The following morning she had a natural though constipated movement. I gave her five treatments in three days, after which her husband continued it daily for a week. In addition to the suggestion I laid down such rules of diet as would help in the breaking up of the habit. Since then, although she finds it difficult to lead a life of regular habit, she has not taken a purgative (except on two occasions because of illness) and altogether has not missed more than ten days without stool. When the daily movement is missed from any reason, auto-suggestion at bed-time is sufficient to give her a natural movement next morning.

The other case is very similar. Pills were a part of the daily routine. Massage along the colon, diet and other methods gave temporary relief. She suffered greatly from tympany and abdominal pain, which affected her general health and spirits. A movement without medicine was almost unknown. She had heard of the success of the first case and so I was asked to try the effect of suggestion. She too was most skeptical as to the result. The morning following the first treatment she had a good natural movement. I treated her almost daily for three weeks to make the case sure, and with the exception of a temporary relapse, due to indigestion following an indiscretion in diet, she has only missed one day in the five months since treatment was discontinued.

In three cases of nocturnal enuresis I have been unsuccessful, one Chinese and two foreign boys. I cannot account for the failures, except that the treatment was not given regularly nor persisted in for any length of time, and in the case of the Chinese the barrier of language seemed insurmountable.

It is beyond the scope of the paper to go into the methods of suggestion. I cannot do better than refer to the numerous works on this subject. My purpose will have been fulfilled if some among you are led to investigate the subject for yourselves and to use it as one of the many God-given ways of serving our fellow-men.

The China Medical Journal.

CHINA MEDICAL MISSIONARY ASSOCIATION

TRIENNIAL CONFERENCE.

Hankow, February 19th to 24th, 1910.

PROGRAMME.

First Day. Saturday, February 19th.

Morning Session. 10 a.m. to 12.30 p.m.

First half hour devotional. Secretary's Report.
President's Letter. Treasurer's Report.
Announcements. Election of officers for 1910, 1911, 1912.

Afternoon Session. 2 to 5 p.m.

Research Committee Report.

Paper by Dr. J. Preston Maxwell: "Congenital Deformities."
Discussion opened by Dr. Cole.

Paper by Dr. W. H. JEFFREYS: "Special Features and Treatment of Hernia in Children."
Discussion opened by Dr. P. L. McAll.

Second Day. Monday, February 21st.

Morning Session. 10 a.m. to 12.30 p.m.

Devotional. Reading of Minutes. Committee Reports. Announcements.

Paper by Dr. H. B. Taylor: "Plea for the Wider Use of Psychotherapy."
Discussion opened by Dr. R. T. Shields and Rt. Rev. L. H. Roots, D.D.

Paper by Dr. J. C. McCracken: "The Medical Supervision of Students, with Some Results Obtained by Systematic Examinations."
Discussion opened by Dr. A. W. Tucker.

Discussion opened by Dr. A. F. Cole.

Afternoon Session. 2 to 5 p.m.

Educational.

Paper by Dr. C. S. F. Lincoln: "The Place of the English-speaking Medical Schools in the Medical Education of China."

Paper by Dr. Thomas Gillson: "Practical Points in Medical Education."
Discussion on these papers to be opened by Dr. E. H. Hume and Dr. McCracken.

Paper by Dr. Mary Fulton: "Women's Education."
Discussion opened by Dr. Polk.

Paper by Dr. J. B. Neal: "What can we do to Stimulate the Scientific Spirit in our Medical Students?"
Discussion opened by Dr. R. T. Shields and Dr. O. T. Logan.

Third Day. Tuesday, February 22nd.

Morning Session. 10 a.m. to 12.30 p.m.


Paper by Dr. C. H. Barlow: "The Necessity for, and the Practicability of, Pathological Laboratory Research as a Routine Method in the Work of the Medical Missionary."
Discussion opened by Dr. E. H. Hume and Dr. C. W. Somerville.

Paper by Dr. Evans: "Some Practical Points in Connection with Modern Surgery."
Discussion to be followed by a free talk on new instruments, apparatus, etc.
Fourth Day. Wednesday, February 23rd.

MORNING SESSION. 10 a.m. to 12.30 p.m.
PAPER by Dr. C. C. Selden: "Forms of Insanity met with in South China."
(a) Dealing with the Physical Aspects.
(b) The need of establishing more Hospitals for the Insane in China.
Discussion opened by Dr. J. A. Hofmann and Dr. E. M. Merrins.
PAPER by Dr. J. A. Otte: "The Care and Treatment of Opium Habitués."
Discussion opened by Dr. W. A. Hemingway and Dr. J. W. Pell.
PAPER by Dr. E. M. Merrins: "Anthropometry in Chinese Children."
Discussion.

AFTERNOON SESSION. 2 to 5 p.m.
PAPER by Dr. John Jones and Dr. A. F. Cole: "Siphon Drainage in Liver and Spleen Abscesses, with account of cases."
PAPER by Dr. H. S. Houghton: "Conditions associated with Ascites, with and without Enlargement of the Spleen and Liver. Being an analysis of 50 cases.
Discussion opened by Dr. W. A. Tatchell and Dr. C. W. Somerville.
PAPER by Dr. E. H. Hume: "A Note on the Classification of Fevers in Central China."
Discussion opened by Dr. Cormack.
PAPER by Dr. O. T. Logan: "Infant Feeding in China, a Field for Research."
Discussion opened by Dr. Polk and Dr. Anderson.

Fifth Day. Thursday, February 24th.

MORNING SESSION. 10 a.m. to 12.30 p.m.
PAPER by Dr. J. C. F. Bratty: "Notes on the Possible Relation between Filaria and "Liu Ho" (Flowing Fire).
Talk on Dr. Jefferys' Specimens.
Nursing in Mission Hospitals.
Discussion opened by Dr. Lucy Gaynor and Dr. E. Brethauer.

AFTERNOON SESSION. 2 to 5 p.m.
Open Session for General Remarks and Questions.
Medical Combine. Book Purchasing Combine.

MINUTES.

The members of conference gathered in the Divinity Hall of the London Missionary Society, which had been granted for the occasion.

In the absence of president and vice-president, the meeting was called to order by the secretary, Dr. Cousland, who proposed that one of our honorary vice-presidents, Dr. Neal, should take the chair and lead the devotional exercises.
After praise and prayer Dr. Neal read Psalm 139 and commented specially on verse 4 of Psalm 105, "Seek the Lord and His strength, seek His face evermore." He said that in the midst of our professional and scientific work we need constantly to remind ourselves that the highest results can only be obtained by dependence upon Him, from whom all strength and skill and understanding come. After further prayer and the singing of "Rock of Ages," the work of the first session of the conference was begun.

On the motion of Dr. Booth, Drs. McCracken and Cormack were elected as secretaries of the conference.

The following members were present at the conference:

Dr. Anderson ... Fancheng. Dr. Johnson ... Tsinanfu.
" Esther Anderson ... Soochow. " Kirk ... Canton.
" Aspland ... Peking. " Lewis ... Paotingfu.
" Wm. Fawcett Adams Vochow. " Lincoln ... Shanghai.
" Barrie ... Kuling. " Logan ... Changteh.
" Barlow ... Huchow. " Louthan ... Chenchow, Honan.
" Booth ... Hankow. " Chen, Chenchow, Ho-nan.
" Behrens ... Homan. " Blaikie (Mrs.) ... Peking.
" Blaikie (Mrs.) ... Peking. " Butchart ... Luchowfu.
" Byles (Miss) ... Hankow. " N. Worth Brown Hanyang.
" Brethauer (Miss) Hanyang. " McCracken Canton.
" Caroline Crawford Wuchang. " McMurtry ... Weihuifu.
" Cole ... Ningpo. " Massey (Miss) ... Wuchang.
" Cormack ... Hwangpei. " Melloway ... Peking.
" Couland ... Shanghai. " Merritts ... Wuchow.
" Cundall ... Anlu. " Merviss ... Wuchang.
" Frances L. Draper Singiu. " Melrose ... Hankow.
" Fowler ... Hiaokan. " Mary E. Newell ... Shanghai.
" Freyland ... Lachowkow. " Old ... Canton.
" Gosward ... Yenping. " Osgood ... Chuchow.
" Graham ... Ichang. " Pei ... Tayeh.
" Gillison ... Hankow. " Paterson ... Wuchang.
" Gillison (Miss) ... Hankow. " Wallace Russell ... Nanking.
" Lena Hatfield ... Foochow. " Shields ... Nanking.
" Hearn ... Pingtu. " Somerville ... Wuchang.
" Hemingway ... Taikhsiens. " Titchell ... Hankow.
" Hewett ... Sutingfu. " Todd ... Canton.
" Houghton ... Wuhu. " F. F. Tucker ... Pangchiachuang.
" Huntley ... Hanyang. " A. W. Tucker ... Shanghai.
" Hofmann ... Canton. " Thacker (Miss) ... Chunichowsfu.
" Hume ... Changsha. " Vaughan ... Nanchang.
" Ingram ... Tungchow. " Isabel Wilkinson ... Hankow.
" Judd ... Joachowfu. " F. C. Yen ... Changsha.

Dr. Gillison's Address of Welcome.—Dr. Gillison, as the senior member of the Hankow branch of the Association, gave a short address of welcome to the members of conference. He said that though Hankow had nothing to offer in the way of sightseeing, it was situated in the very heart of the great Empire, to which we had come with the message of physical and spiritual healing, and had probably, from its strategic position as the meeting point of great waterways and
prospective railways, a future before it second to none in China. He briefly reviewed what had been attempted for medical education at this centre, and trusted that those present would remember this place in prayer during the coming months, when the development of great schemes was being carried out for the establishment of a university under Christian auspices and international in extent.

Dr. Booth announced that Bishop and Mrs. Roots had sent an invitation to the members of conference to take tea at their home on Monday, at 5 p.m. The invitation was heartily accepted.

Dr. Cousland then read the President's Letter, and on the motion of Dr. Gillison it was agreed that the letter be received and a committee of three appointed to bring before the conference at a later session the important proposals contained in the letter. This was carried. The chairman appointed Drs. McClure, Graham and Logan to form the committee.

The Secretary of the Association then submitted his report, which was received and remitted to the same committee.

The report of the Editors of the *Journal* was read by Dr. Booth. Dr. Vaughan moved that it be received and that the already appointed committee be enlarged to seven and that letters and reports be considered by them with a view to the selection of matters of importance for further discussion by the association. This was carried.

Dr. Cousland presented the Treasurer's report. This was, on motion, received.

The enlarged committee was then appointed by the chairman as follows: Drs. McClure, Graham, Logan, Aspland, Shields, Johnson and Booth.

*Appointment of President.*—On the motion of Dr. Booth, seconded by Dr. Gillison, Dr. Cousland was nominated as president for the next three years. Both proposer and seconder referred in generous terms to the great services Dr. Cousland had rendered to the Association, and said it was most fitting that the Association should, by electing Dr. Cousland to this office, show its appreciation of his valuable work.

No other nomination was suggested, and this one having been hailed with acclamation, the chairman called for a rising vote. This was given unanimously.

Dr. Cousland protested strongly against having this honour thrust upon him by the Association. Not to speak of a constitutional aversion to such a position, his prolonged absences from China on publication work and on account of health and the possibility of his furlough taking place during his term of office, would prevent his carrying out the duties of the position.
The Conference, however, would take no refusal, and Dr. Cousland eventually took the chair.

The following were nominated for the office of Vice-President: Drs. Ingram, Johnson and Logan.

Before the ballot was taken the following thirteen new members were elected:

Dr. Caroline Crawford, Wuchang.
,, Isabel Wilkinson, Hankow.
,, Manget, Soochow.
,, Wallace Russell, Nanking.
,, Geo. Vaughan, Nan-chang.
,, Agnes Carothers, Soochow.
,, J. M. Gaston, Jr., Laohokou.
,, Dr. Pröyland, Laohokou.
,, Jas. Cockett, Ichang.
,, M. E. Poland, Nantungchow.
,, E. W. Kirk, Canton.
,, Dansey Smith, Wuchow.
,, W. M. Schultz, Tsianfu.

As the result of the ballot Dr. Logan was declared elected by a majority of one.

Dr. Cousland nominated Dr. Davenport as Secretary of the Association. He explained that it was advisable that this position be held by one residing in or near Shanghai and, if possible, associated with the Editor. Dr. Davenport had expressed his willingness to undertake this post if the Association should desire him to. Dr. Gillison seconded. There being no other nomination, on a vote being taken, it was carried unanimously.

Dr. Cousland proposed that Dr. Davenport should also undertake the duties of Treasurer. The post of treasurer at present being a very light one, it is desirable to combine it with the secretaryship. Dr. Booth seconded. This was carried.

The appointment of Editors of the Journal was deferred. The meeting adjourned at 12.30 p.m.

AFTERNOON SESSION.

The meeting was called to order by the president, Dr. Cousland, who asked the vice-president, Dr. Logan, to take the chair.

The report of the Publication Committee was read by the chairman, Dr. Cousland. It was moved by Dr. Lincoln that the report be accepted. This was carried.

Dr. Neal moved and Dr. Gillison seconded the following resolution: "That the C. M. M. A., assembled in triennial meeting in Hankow, expresses its profound appreciation of the kindness of the Presbyterian Church of England in loaning Dr. Cousland for editorial work in connection with the Association and trusts that this happy arrangement may long continue." This motion was carried.
The Report of the Committee on the Constitution.—

Dr. Cousland reported that since only one meeting of the committee had been possible, he would move the appointment of a committee to consider the whole subject of the constitution. This was seconded by Dr. Kirk and carried.

Committee appointed by the chair: Drs. Neal, Cole, Cousland, Houghton, McAll, Merrins and F. F. Tucker.

Dr. Cousland reported that a gift of one thousand pounds sterling (£1,000) had been received from Mr. Henry S. Wellcome, the income of which was to be used by the Publication Committee. With this gift Mr. Welcome sent a trust deed. Dr. Cousland, seconded by Dr. Kirk, moved that the trust deed be handed over to the Committee on the Constitution. This was carried.

Report of the Committee on Research.—Dr. Booth read the report for the chairman, Dr. Maxwell. Dr. Lincoln moved that this report be accepted. The motion was carried.

Dr. Cousland, seconded by Dr. Booth, moved that a committee be appointed to consider the report of the Research Committee and recommend future lines of activity. Dr. Neal moved an amendment that this committee consist of five members and that Dr. Booth be chairman. This was carried. Dr. Logan was elected second member and Dr. Houghton to the third place. The chair appointed Drs. Johnson and Kirk as the two other members.

Report of the Committee on Terminology, read by Dr. Cousland.—Dr. Johnson moved and Dr. Booth seconded that this report be accepted. This motion was carried.

It was moved by Dr. Neal that the appointing of all Standing Committees be the first order of business on next Tuesday morning. This motion was duly carried.

Report on Prepared Resolutions.—Dr. Cousland read a letter from Dr. Jefferys. Drs. Jefferys and Maxwell now have ready for publication in English a book entitled "Diseases of China." They ask for the privilege of publishing the book under the auspices of the C. M. M. A. and that funds be set aside for publication. Dr. McAll, seconded by Dr. Booth, moved that the matter be referred to the Publication Committee. Dr. Cousland stated that that committee had considered the matter and had decided that funds in hand could not be so used.

Dr. Cousland moved that the letter be handed over to the Committee on the President's Letter. This motion was carried.
Dr. Johnson, seconded by Dr. Aspland, moved the following resolution: That union in hospital work, as well as in medical education, is very desirable and that the C. M. M. A. recommend to the societies which it represents that wherever practicable missions occupying the same or adjacent territory carefully consider the advisability of such unification of their medical work. Carried.

The following vote of thanks was moved by Dr. Gillison and seconded by Dr. Neal: "That the Triennial Conference of the C. M. M. A. records its hearty thanks to Mr. Henry S. Wellcome for his generous gift of £1,000 to the Publication Committee of this Association and assures him that the money he has thus contributed will help not a little in advancing the cause of scientific medicine in this empire." Carried.

Paper by Dr. J. P. Maxwell, read by Dr. Cormack. Subject: Congenital Deformities. The paper was beautifully illustrated by drawings made by Mrs. Maxwell.

Dr. Cole led the discussion, giving a history of some of the most interesting cases found in the records of his list of 45 abnormalities.

Dr. McAll reported three cases: 1 case of absence of radius vulna from both arms, 1 case of congenital sacral tumour, 1 case of patent urachus.

Dr. Paterson reported: 1 case of patent urachus.

Dr. Lewis reported: 1 case of three testicles, 2 cases of post-rectal dermoids, 1 case of hypospadias.

The discussion was then closed and conference adjourned for tea.

Session called to order by the vice-president at 4.30 p.m.

Paper written by Dr. W. H. Jefferys was read by Dr. Cole. Subject: Special Features and Treatment of Hernia in China.

Motion to adjourn. Carried.

MONDAY, FEBRUARY 21ST, 1910. MORNING SESSION.

The third session of conference met this morning, Dr. Cousland, president, in the chair. After devotional exercises, the roll was called. The minutes of the first session were read and on motion adopted.

Committee on Letters. —Dr. McClure reported that the Committee on Letters and Reports had met and had agreed to subdivide the work for full consideration. Their completed report with resolutions would be presented at a later session. Dr. McClure asked that Dr. Johnson take his place as convener of the committee and that he (Dr. McClure) retire from the committee in favour of Dr. McAll, who could more asily attend meetings, being on the Hankow side of the river. Agreed.
Committee on Revision of Constitution.—Dr. Neal reported that the Committee on Revision of Constitution had met. They were not prepared to present a full report at present, but decided to submit the following memorandum:

That in regard to the suggestion that non-missionary foreign practitioners in China be admitted to active membership in the China Medical Missionary Association, this committee (while they should be heartily welcomed to honorary membership) does not consider the time ripe for such action.

Dr. Kirk moved that the memorandum be accepted. Dr. Gillison seconded. Dr. Johnson asked if the decision of the committee were unanimous. Dr. Neal answered that it was.

Dr. Barrie thought the decision of committee a wise one, but hoped the matter would still receive the attention of the Association.

Dr. Cousland thought the subject should be again brought up a year before next conference. Dr. Mullowney asked what had been the attitude of the Association before the committee met. Dr. Cousland replied that honorary membership provided for those who desired to unite with us. Dr. Shields asked if active membership were permissible to a doctor connected with Y. M. C. A. work. The chairman replied that some had already been elected.

Dr. Booth said the Wu Han University would have men here soon, and asked if they could be regarded as medical missionary workers and be eligible for membership.

On being put to the vote the meeting agreed to accept the memorandum, and on a further motion of Dr. Gillison, decided unanimously to postpone further discussion of the subject until the full report of the Committee on Revision of Constitution should be presented.

Dr. Booth then read an invitation from Dr. and Mrs. Gillison and Dr. and Mrs. Cousland inviting members and visiting friends to an informal reception at "The Rest" on Thursday evening, from 6 to 8. The invitation was accepted by a rising vote.

On motion of Dr. McAll, it was agreed to take up the discussion on Herniae instead of his paper on Tuesday afternoon.

Bishop Roots then read the paper prepared by Dr. H. B. Taylor on "A Plea for the Wider Use of Psycho-therapy." Following the reading of the paper Bishop Roots opened an interesting discussion on some of the points arising in a consideration of the subject of healing by mental suggestion.

1. He thought that it was most desirable that before any attempt was made to use psycho-therapy the patient should have the great advantage of the skilled assistance of men trained to observe the physical facts of any case of illness. We should treat the whole man, not the soul or the body as two distinct entities, but
in their mutual relations to each other, seeking to influence the patient from every side of his complete nature.

(2). He thought it was just at this point that the clerical and medical missionary might most advantageously help each other's work. Especially was this needed in the case of opium habitucés and alcoholics, in whom the strengthening of the moral character was so needful in order to secure permanent results. If we could awake in men a hopeful attitude of mind, it would greatly help their physical organism.

(3). In missionary life sometimes friction and want of hearty fellowship was induced, leading to disastrous results. If in these cases the physician could, by attacking the whole matter in a scientific way, restore the physical and mental equipoise, the loss of which had induced the friction, great good would result and some workers would be saved from serious nervous breakdowns leading to the necessity of an early return to the homeland.

Dr. Aspland gave a very interesting account of his experience with hypnotic suggestion, but said this was only one side of psychotherapy. He had never seen organic disease cured by it, but he had seen scores of cases that vowed they were cured, though post mortem findings showed that the disease was present still. He related a case where a patient was obsessed with the idea that she was about to die, which was entirely cured by suggestion under hypnotism. Faith healing, he believed, was nearly or altogether a process of hypnotic suggestion. So long as the cause of cancer remained undiscovered we, as a profession, need not scoff at psycho-therapy, for he had seen the dreadful pain of that disease greatly relieved by mental suggestion.

Dr. Meadows told of cases where it had yielded good results, both in organic and functional disease.

Dr. McCracken then read his paper on "The Medical Supervision of Students with Some Results Obtained by Systematic Examinations." The discussion was opened by Dr. A. W. Tucker. He thought we as missionaries had shown great lack in providing efficient hygienic surroundings for our schools and students. All known tubercular cases should be refused. Infectious cases should not be sent back to their homes, but isolated until their recovery.

Dr. Butchart suggested that we should call the attention of the Chinese authorities of schools to such hygienic measures as had been suggested.

Dr. McClure thought much might be done by public lectures on such themes to arouse interest in hygiene.

Dr. Booth proposed that rules for the proper medical supervision of our schools be drawn up by the Association and sent to the heads of the various missions in China for transmission to those in charge of schools. Carried.

The conference then adjourned until afternoon.
Triennial Conference.

AFTERNOON SESSION.

Dr. Johnson was asked to take the chair.

Dr. McAll asked, as a matter of privilege, that Dr. Hume should take Dr. McClure's place on the Committee on Resolutions from business arising out of letters and reports.


Discussion opened by Dr. Cole. He gave an account of one case in which he had tried the new treatment. Incision of ½ inch; long blunt needle, bearing No. 6 silk, was inserted. Result: a five-inch reduction in circumference of leg by fifth day.

Dr. Lewis contrasted this operation with that sometimes done for removal of a length of varicose vein.

Dr. Huntley reported one case in which he used an open incision. He advised incision on both inner and outer sides of the limb.

Paper by Dr. C. S. F. Lincoln: The Place of the English-speaking Medical Schools in the Medical Education of China. Dr. Lincoln remarked that his paper dealt with only one side of a two-sided question.

Dr. Gillison opened the discussion. He believes that there is a field for both schools: "Chinese for the many, English for the few." He believes that all medical schools of the future will be united with large university schemes.

Dr. Logan hoped that all students might be taught enough English to be able to read English books.

Dr. Aspland said that English was taught in the Peking Union Medical School, in the evening, three times a week.

Dr. Merrins thought that the reason English-speaking schools had but few students was because English had only been taught for a few years in China. He agreed with Dr. McCracken that both schools might work together with the same plant.

The following resolution was proposed by Dr. Booth:

In view of the number of medical colleges already established or about to be established in connection with the various missions, in the opinion of the Conference the time has come for the unification of the curricula of the same, and therefore appoint a committee to investigate and suggest common standards.

Paper by Dr. Gloss, read by Dr. Shields. Subject: Medical Education of Women in the North.

Dr. Thacker reported five girls in her hospital who took a five years' course, during which time midwifery and dispensing are taught, but no medicine or surgery.

Dr. Cousland spoke appreciatively of the aid in translation given by Drs. Niles and Fulton.
Paper by Dr. Neal. What can be Done to Stimulate the Scientific Spirit in our Medical Schools.

Dr. Shields opened the discussion. He spoke of the difficulty arising from the Chinese plan of memorizing, also of the careless work of foreign teachers due to their being overburdened.

Dr. Lincoln spoke of the difficulty in getting students to draw conclusions.

Dr. Somerville urged the dissection of animals and plants.

Dr. Tatchell thought courses should be longer.

Dr. Barrie thought union was our only hope for scientific teaching.

Dr. Mullowney moved that the discussion on Dr. Jefferys' paper should be resumed. Carried.

Dr. McAll spoke of the ease of the operation for inguinal hernia in the hands of Mr. Harold Stiles, of Edinburgh. The defect was a peritoneal one, the ring need not be sewn. Sac easily drawn down, easily tied and cut. Horse-hair stitches used for wound, one mattress suture to prevent tension.

After treatment patient put to bed, wearing a short night-dress. The patient's hands were prevented from touching the wound by an arrangement of shoulder straps and a broad bandage. The bandage was passed under the straps behind the back and fastened to the bed. The patient could move the legs freely. A wire cage placed over the patient kept sheet from touching the wound. No dressings of any kind used. By this method there is no danger of any infection of the wound by the excreta. The mattress suture is removed on the second day and the others on the fifth or sixth day. Result, in a 1,000 cases operated on by Mr. Stiles, no recurrence.

Dr. Russell reported from the Mayo Bros. clinic 1,300 cases treated by Ferguson's operation; recurrence in two per cent. of the cases. 400 of the worst cases were treated by Bassini's operation, 1 per cent. of recurrences.

The meeting adjourned at 5 p.m.

TUESDAY, FEBRUARY 22ND, 1910. MORNING SESSION.

Dr. Gillison presided during the devotional hour.

The president then took the chair, and the minutes of the second and third sessions of the conference were read, and after amendment were, on motion, adopted.

Dr. F. C. Yen, a graduate of Yale Medical School, on motion of Dr. Hume, seconded by Dr. Lincoln, was admitted to active membership in the Association.
The matter of the appointment of the Publication and Terminology Committee was then discussed. On motion, it was agreed that these two committees be amalgamated to form one committee. Dr. Cousland was nominated as convener. A discussion took place as to the number composing this committee. Several suggestions were made and proposals offered; then Dr. Cousland proposed that the subject be made the first question for discussion at Wednesday morning's session.

The report of the Committee on Research was presented by Dr. Booth. Its findings were embraced in one long resolution. This, after discussion and amendment, was divided into three sections and on motion adopted.

Section 1.—That, for the future, instead of a Special Research Committee being appointed by the conference, it be suggested that all Branch Associations, at present eleven in number, should form Local Research Committees, collate the results annually and send in the report to the Research Commissioner of the China Medical Missionary Association.

Section 2.—The following lines of research are suggested for these Local Research Committees:

(a). That the present research on intestinal parasites be continued.
(b). That each local committee be asked to investigate any local disease or diseases which specially call for attention.
(c). That the investigation of blood parasites and other pathological blood conditions should receive their special attention during the next three years.

Section 3.—The duties of Research Commissioner shall be:

(a). To preside as chairman at any meeting of the conveners of the Local Research Committees.
(b). To initiate new lines of research as occasions arise.
(c). To appoint, in consultation with the Local Research Committees, special men to undertake particular investigations.
(d). To get in touch with other committees in other tropical and sub-tropical countries.
(e). To collate and publish annually in reports, through the C. M. J., the results obtained.

On the motion of Dr. Booth, Dr. J. L. Maxwell was appointed special commissioner of research for the ensuing three years.

Dr. Johnson then presented the report of Committee on Officers' Letters. Arising out of this committee's recommendations, the following resolutions were, on motion, carried:

I. Resolved, That the C. M. M. A. expresses its gratification at the widespread interest taken in medical education in China as evidenced by the universities movement in Great Britain, the United States, and other countries, and extends to these institutions a most cordial welcome.

Rhenish, Ref. Presb., Seventh Day Adventist, and Presb. Ch. in Canada, who have made grants to the publication fund, and sincerely hopes they may see their way clear to continue these sums for at least three years more.

III. That the China Medical Missionary Association (representing 400 medical missionaries), assembled in Hankow, desires to express, through His Britannic Majesty's Minister in Peking, its devout thankfulness to the British government for its repeated promises to decrease gradually the importation of opium into China, providing a corresponding decrease of production by China ensues, and hopes that the time is not far distant when, as the result of this combined action, China shall be freed from a curse which has caused misery and blight in every part of the national life. (See February 23, further resolution.)

IV. That the Association desires to record its hearty appreciation of the unflagging efforts of the China Anti-Opium Society in its endeavours to restrict and ultimately remove this great national evil and assures that Society of the heartiest cooperation of the Association on all occasions. At the same time it begs to suggest that extreme vigilance and constant protestation are needed in order to prevent the illicit importation and sale of morphia.

V. That Dr. Jefferys be re-elected as Editor of the Journal and Dr. C. J. Davenport as co-Editor.

VI. That Dr. A. W. Tucker be elected business manager of the Journal.

VII. That the C. M. M. A. request the L. M. S. to appoint a colleague to Dr. Davenport in Shanghai in view of the increased duties placed upon him as co-Editor of the Journal and Secretary of this Association.

VIII. That no action be taken for the incorporation of the Journal at present.

On the motion of Dr. Mackenzie, seconded by Dr. Neal, the following resolution was adopted:

That the best thanks of the Triennial Conference of the C. M. M. A. be given to the China Emergency Appeal Committee for the large grants of money given to the Union Medical Schools and the C. M. M. A. Publication Committee, and would beg to add that further funds are urgently needed for these several objects.

Dr. Vaughan moved, Dr. Barlow seconded, "That a Committee of Medical Propaganda be appointed by the chairman for the purpose of dissemination, by tracts and illustrated posters, etc., of popular medical information for use in schools and other public places. In the appointment and work of this committee we recommend that due consideration be given to the excellent work of the Committee of the Central China Branch of the C. M. M. A. and of the Public Health Department of Shanghai." This was carried.

The further report of the Committee on Revision of the Constitution was heard, and Dr. Neal moved the following resolution, which was carried:

Resolved, That with regard to the admission of graduates of medical colleges in China to be active members of the C. M. M. A., we feel that, without reflecting on existing institutions, such applicants should come up to a uniformly high standard of professional attainment, and also produce satisfactory evidence that they are engaged in missionary work.
We therefore recommend that a committee of six be formed to decide what this standard of attainment for admission to the C. M. M. A. should be and report to the next conference; this committee to be appointed by the chair.

Dr. McAll proposed and Dr. Booth seconded "to reconsider the second part of Dr. Booth's resolution on the Standard of Medical Examination in Christian Medical Schools." This was carried. Dr. Johnson then further moved "that, in view of the resolution just passed regarding admission to the Association of graduates from medical colleges in China, we delete this section of Dr. Booth's motion." This was carried.

A letter was then read from the Edinburgh Anti-Opium Association.

Dr. Neal moved that the Committee on the President's Letter be continued and that the letter be remitted to them for consideration and report.

On the motion of Dr. Gillison it was remitted to this committee to bring in a minute expressing our thankfulness at steps taken by the Chinese government to rid China of the opium curse.

The meeting adjourned at 12.30 p.m.

AFTERNOON SESSION.

Conference convened at 2.30 p.m.

Dr. J. A. Thomson, of Hankow, read a paper on "A Plea for Greater Care in Avoiding Intestinal Infections during Summer Month; together with Short Notes upon the Treatment of These Infections."

The president expressed the hearty thanks of the conference to Dr. Thomson for his able and exhaustive paper.

Dr. Graham opened the discussion. He thanked Dr. Thomson for his paper and expressed the hope that it might be published in the Journal. He had found difficulty in getting Europeans to adopt suggested measures. He suggested that steps be taken to inform the Chinese by lectures, tracts, etc., of the measures advisable to secure prevention of intestinal infection.

Dr. Fowler, in continuing the discussion, said that all present had probably had personal and practical experience in the disorders brought before the conference in Dr. Thomson's most excellent paper. The conference would look forward with great interest to the early publication of the paper in order to take advantage of his methods of water purification, etc. That "prevention is better than cure" has been fully demonstrated in combating these disorders. He would suggest atten-
tion to sources of infection, namely the cook house and the cook. His own method had been to have the kitchen whitewashed each week, pay attention to pots and pans, reducing them in hot weather to minimum quantity. Simplest kind of food was advocated and avoidance of animal food. He wondered what bearing Meethinkoff's theory had on the treatment of intestinal disorders.

Drs. Somerville, Barrie, McAll, Judd, Hume and Cousland continued the discussion.

Dr. Huntley then moved that Dr. Barlow's paper be next read. Carried. Subject: "The Necessity for, and the Practicability of, Pathological Laboratory Research as a Routine Method in the Work of the Medical Missionary." Dr. Barlow only read an outline of the paper.

Dr. Hume advised lumbar puncture in meningitis, for then we have definite knowledge which enables us to meet the disease effectively. He recommended blood examination and suggested L. Rogers' "Fevers in the Tropics" as an essential aid. He emphasized the importance of early high mononuclear count in fever as pointing to kala-azar. In plague, he said, a smear from bubo or abscess will give positive information. He cited a case in which he had made definite diagnosis of plague from abscess of toe.

Dr. Somerville followed, emphasising the necessity of fecal examinations. He thought a positive diagnosis of schistosomum japonicum infection or of ankylostomiases could not be made without an examination of feces. Examination of the blood, he thought, was the quickest and surest way of differentiating malaria asepsis.

Drs. Aird and Thomson were the first to discover kala-azar in Central China.

Dr. Logan gave the gall test for typhoid.

(1). Prepare fresh ox, calf or pig's gall by draining bladder contents into a test tube. Plug with cotton and sterilize for 30 minutes in pressure sterilizer once. If no pressure apparatus is at hand, sterilize by boiling ½ an hour for 3 successive days.

(2). With a sterile syringe blood may be withdrawn from a vein in the arm or a deep puncture may be made through sterile skin of ear and the blood allowed to drip into the sterile gall in proportion of 1 part blood to 5 parts gall. Incubate at ordinary room temperature, or better by vest pocket incubation, simply carrying tube in vest pocket 12 to 24 hours. A motile bacillus means typhoid infection.

Dr. Booth then moved that the order of the next day be (1st) Dr. Otte's paper; (2nd) Dr. Evans' paper.

Adjourned.
FEBRUARY 23RD, 1910. MORNING SESSION.

Dr. Ingram presided and led the devotional service.

The chair was then taken by Dr. Johnson. The minutes of the previous two sessions were read, amended and approved.

On the motion of Dr. Barrie, Dr. Barford, of H. M. S. Snipe, was welcomed to the meeting.

Dr. Logan moved that as Dr. Cousland had already been nominated and would be convener of the Publication and Terminology Committee, he be asked to nominate others to serve with him. Dr. Cousland nominated the following: Drs. Stuart, Neal, Gillison, Ingram, McAll, Cormack, and Shields. These were, on motion, elected.

The members for the following Standing Committees were nominated by the president:

Committee on Medical Curricula and Standard of Attainment for Admission to the C. M. M. A. of Graduates of Medical Colleges in China:—Dr. Johnson (convener), Drs. Gillison, Jefferys, Hume, Cochrane, McCracken.

Committee on Medical Tracts and Posters:—Drs. Booth, Logan and Meadows.

Dr. Aspland submitted the unfinished report of the Committee on Letters and moved the following resolution:

Resolved, That this Association thankfully recognises that the reports received from various parts of this Empire indicated the earnestness and sincerity of the Chinese government in its endeavours to lessen the cultivation and consumption of opium.

Dr. Gillison moved that this be added as a rider to the resolution on the opium question which was being sent to the British government. This was carried.

A letter from the Rev. Arnold Foster, pointing out the necessity for steps being taken to prevent the unlawful importation of opium and morphia into China by various unprincipled firms, was read by Dr. Somerville.

Dr. Aspland gave the report of committee regarding the publication under the auspices of the Association of the book of Drs. Jefferys and Maxwell. Their recommendation was:

Resolved, That this Association learns with pleasure of the proposed publication of a work on the diseases of China—in English—by Drs. W. H. Jefferys and J. L. Maxwell. There can be little question of the real need for such a book, and without doubt the reputation of the two authors in this particular field will secure for it a wide demand. The Association feels, however, that an appropriation of money for this work, even as a loan, would not be a legitimate use of its publication fund.

This was agreed to.
The same committee presented the following resolution re Rev. Mr. Muir's letter from the Scottish Anti-Opium Society:

Resolved. That in view of the repeated assurances by the British government that everything is being done to accomplish the end which all have in view, your committee cannot see its way to frame any further resolution on the subject.

Dr. Booth called attention to the need for missionary societies aiding the consuls in their collection of information re the limitation of opium cultivation in China and the advances made in the reduction of opium dens. He proposed the following motion:

Resolved. That missionaries of all societies, but especially British societies, be asked to prepare quarterly reports of the advancement made by the anti-opium movement under the control of the Chinese local authorities or the various philanthropic guilds in removing the evil and remedying its effects, and that these reports be forwarded to H. B. M.'s consuls in their respective districts.

Carried.

A discussion then took place regarding the printing of papers previous to the convening of the Triennial Conference in order to allow more time for discussion of these papers at the conference meeting. The following resolution was then, on the motion of Dr. Booth, adopted:

Resolved. That it be an instruction to the executive of the C. M. M. A. in arranging for the next triennial conference to take such steps as are necessary to ensure that a résumé of all papers and reports to be presented be printed in time to be in the hands of members not later than the first day of meeting and that the programme of the conference be published in the Journal at least two months before the time of meeting.

Dr. Osgood moved that we proceed with the reading of the papers for the session. Agreed.

The paper by Dr. J. A. Otte on "The Care and Treatment of Opium Habitués" was read by Dr. J. W. Pell.

The discussion was opened by Dr. Hemingway, who gave an account of opium work in Shansi. He stated that so prevalent is the habit there that the common proverb among the people is that eleven out of ten are smokers of the drug. Without attempting to rescue the slaves of this vice, it is well-nigh impossible to carry on Christian propaganda. Daily prayer with and for those who were breaking off the habit had proved of great value in strengthening them and encouraging them.

The hour for adjournment having arrived, further discussion of the topic was impossible.

Approved.
The conference was called to order at 2.40 p.m. by the president.
The paper by Dr. John Jones and Dr. A. F. Cole was first called for, entitled "Siphon Drainage in Liver and Spleen Abscesses, with Account of Cases."

Dr. Thomson, of Hankow, was asked to open discussion. He also favoured and used the siphon drainage treatment. He thought the men in the tropics, who were seeing the greatest number of such cases, favoured that method rather than the older operation described in all our text-books.

Dr. Thomson leaves the aspirating needle in place and follows it with a small incision into the pocket of pus. With forceps he enlarges the opening and inserts the rubber tube drain. He brings the tissues close around the tube and then fastens the tube to the dressing by means of a stitch. He irrigates with quinine solution.

Dr. Booth cited a case which he had diagnosed as hydatid cyst, but found on operation a liver abscess caused by a pure culture of colon bacillus. He also mentioned the case of a missionary who had been operated on by Dr. Hodge, but no pus was found. A few days later the abscess broke into the bowel. After a period of five years another abscess formed, and again broke into the bowel.

Dr. Aspland then gave an account of a peculiar disease of the north which he had diagnosed to be either kala-azar infantum or an old disease called ponur. Each year he saw 30 to 40 cases of large spleen in children, which would, in final stages, have necrosis of two incisors of upper jaw; occasionally lower. These cases lasted from one to two years. Spleen very large, but liver not so large as in other countries. Cases of this kind often ended with symptoms of dysentery. Kala-azar bodies had been found in such cases by some investigators, but not by others. A disease with such symptoms was reported in Shantung.

Dr. Aspland did not think the disease was transmitted by bugs. He had no treatment to suggest.

Dr. Houghton pointed to the fact that in Wuhu the disease was found most frequently in the months of September, October and November. He found no evidence of malaria. His cases died soon after necrosis set in.

Dr. Neal had seen many cases in Shantung, but without necrosis of incisors. He had not observed acute fever in any case, nor had a fatal case been seen.
Dr. Tatchell recalled seven cases in small children, all of which had necrosis of incisors and two of them had necrosis of the entire jaw.

Dr. Johnson had found many cases in the southern part of Shantung, all with necrosis of the jaw.

Dr. Aspland at first thought it was syphilitic necrosis.

Dr. McClure reported that there were many cases. Dr. Butchart said that he had seen many cases of necrosis of the mouth which he thought had been connected with malaria. These cases proved to be very fatal, probably 50 per cent. dying.

Dr. Houghton read his paper entitled, "Conditions Associated with Ascites, with and without Enlargement of Spleen and Liver, being an Analysis of Fifty Cases."

Dr. Booth read a paper written by Dr. J. L. Maxwell, in which the above paper was discussed.

Dr. Somerville continued the discussion. He had, on his arrival in China, been struck with the great number of cases of ascites. He at first took them into the hospital for tapping, but afterwards found that some of them could be tapped in the dispensary.

Dr. Shields reported that in Dr. Venable's dispensary 5 per cent of all cases were tapped, he believed. The Chinese assistants did the tapping.

Dr. Russell cited a case which had been tapped four times at other hospitals and diagnosed ascites, but on making an exploratory incision he found an ovarian cyst.

Dr. Booth reported frequent tapping. Some cases improved, while others died soon after tapping. He always takes cases of ascites into the hospital. Most of his cases have had very large spleens.

Dr. Tatchell has found many cases with very large spleens north of Hankow. He said he had seen marked improvement from the use of arsenic and quinine. He cited a case of an opium smoker who, when treated for his opium habit, developed ascites and soon died.

Dr. Hume then read his paper entitled, "A Note on the Classification of Fevers in Central China."

Dr. Cormack opened the discussion. He highly recommended Dr. Rogers' book on "Fevers in the Tropics." Dr. Rogers in his book states that from his researches he concludes that a large proportion of fevers in the tropics can be diagnosed within two or three days by clinical methods. Doubtful cases must be settled by reference to the microscopic examination of the blood. Dr. Cormack thought that the classification of fevers into groups, as suggested by Dr. Hume, was a good plan. He said that without exact diagnosis our treatment must
be largely symptomatic and empirical, which is hardly to our credit. He remarked that four cases among foreigners came to his mind whenever the subject of fever classification was touched, all diagnosed typhoid with a big question mark. A fifth was diagnosed as febrile typhoid. Many others among Chinese patients had given grave doubts as to what the actual condition was from which the fever arose.

Dr. Logan then proposed the following resolution:

Resolved, That the C. M. M. A. reiterate and if possible further emphasize the resolution made at the last conference, namely that there should be at least two medical missionaries to each important center.

It was then decided that Dr. Evans' paper be the first and Dr. Merrins' the second on the programme for Thursday.

Adjourned.

FEBRUARY 24TH, 1910. MORNING SESSION.

Dr. Judd led the devotional service. The chair was then taken by Dr. Johnson.

The following were nominated for the honorary membership of the Association:—

Dr. Thomson, Hankow. Dr. Lien Teh Wu, Tientsin.
Dr. Aird, ,, Dr. Douglas Gray, Peking.
Dr. Skinner, ,, Dr. Gattrell, ,,  

These were, on motion, elected.

The minutes of the two previous sessions having been read, amended and approved, a letter from Dr. Thomson, Hankow, was read; he had forwarded specimens of liver and intestine along with microscopic sections of same taken from a case of ascites due to schistosomum japonicum. He gave explanatory notes regarding his findings. The specimens were placed on exhibit.

Dr. Neal read the following request from the Publication and Terminology Committee:—

It has been decided that a full meeting of the Terminology Committee shall be held in Shanghai in February, 1911. This will involve considerable expense for traveling. We therefore ask the permission of this conference to appeal to the members of the Association for voluntary contributions to the publication fund, which fund will be chargeable with this expenditure.

On the motion of Dr. Houghton it was agreed to grant the request.

Dr. Houghton then read the report and recommendation of the Committee on Revision of the Constitution. It was agreed to receive the report and have the recommendation submitted clause by clause for discussion. Dr. Houghton then read the original constitution, together with the proposed alterations; these were, after discussion and amendment, adopted clause by clause.
On the motion of Dr. Huntley the amended constitution, as a whole, was then passed.

Dr. Neal gave the further report of the Committee on the Wellcome Trust Deed and moved: "That the trust deed of Mr. Henry S. Wellcome be handed over to the executive of the Association with full power to act, after obtaining legal advice if they think necessary." Carried.

On the nomination of Dr. Cousland and Dr. McAll, Dr. Boone, Shanghai; Dr. Stuart, Shanghai; and Dr. Cole, Ningpo, were elected as the three additional members of the executive required by the new constitution.

Dr. Booth moved: "That the best thanks of the Triennial Conference of the C. M. M. A. be tendered to the L. M. S. Executive Committee for its kindness in placing the buildings of its Divinity School at the disposal of the conference during its session." Carried.

Dr. Aspland moved: "That this Association expresses its hearty thanks to the hostesses and hosts who have so kindly and ably sustained its representatives. Also, further to thank the Local Committee and Dr. Booth for their untiring energy and the splendid arrangements."

Dr. Booth moved: "That the best thanks of the members attending the C. M. M. A Triennial Conference be tendered to His Excellency Feng, Police Taotai, for his kindness in putting a steam launch at their disposal at the close of each day's session, and that the secretary be instructed to convey the vote of thanks to His Excellency." Carried.

Dr. Booth moved, and it was carried:

That it be an instruction to the business manager of the C. M. J. that great care should be taken in selecting the class of advertisements to be admitted and that only such preparations as are strictly ethical according to recognized standards should be received, and no advertisements should be inserted advertising the goods of any firm which does not give satisfactory reference as to the reliability of its productions.

Dr. R. T. Shields was allowed to bring to the notice of the meeting the matter of a medical exhibit which was being arranged for at the Chinese Industrial Exhibition to be held at Nanking this year.

_Hospital for the Insane._—On the motion of Dr. Chas. Lewis the following was agreed to:—

That in the judgment of the the C. M. M. A. there is a very great need for the establishment of hospitals for the insane in Northern and Central China.

_Invitation for the Next Triennial Conference._—The following invitation, signed by Drs. Mullowney, Manderson, Aspland, Lewis, Ingram, Neal, Hemingway, McMurty, and Tucker, was read by Dr. Aspland and heartily received by the members present:—
Believing that by the end of three years the transportation facilities will have been so improved that it will be comparatively easy to get to Peking, and believing that the many places of interest in Peking will prove an attraction and lead many of our members to visit the capital of this Empire, we most heartily extend an invitation to the China Medical Missionary Association to hold its next Triennial Conference in the City of Peking.

Dr. Cousland moved that we thank the members from the north for their invitation, but leave it with the Executive to decide, as circumstances shall seem most advisable, the place of meeting. Carried.

On behalf of the Publication Committee, Dr. Neal presented the following information and request:

That the Publication Committee was referring to the Central China Branch of the Association for consideration the feasibility or otherwise of the issuing of a Chinese medical journal. The committee asked that members present would send to Dr. P. L. McAll the names of all English-speaking Chinese graduates likely to help in this work.

Dr. Kirk brought up the matter of the indiscriminate sale of opium and morphia in China and suggested that the Association take steps to press the government of China to bring in more stringent regulations on the subject.

Dr. Aspland said that the government had already issued an edict on the subject and that we could but help by individual effort and advice the authorities with whom we were brought in contact.

After discussion on the points raised, it was agreed to postpone the matter till the afternoon session.

The meeting then adjourned.

AFTERNOON SESSION.

The president took the chair.

A paper was presented by Dr. O. T. Logan on "Infants' Feeding in China a Field for Research."

The paper was very heartily received, but there was no time for discussions on it.

Dr. Huntley, however, moved the following, which was carried:

That a committee be appointed to deal with the subject of infant and invalid diet from Chinese sources and report through the Journal; Dr. Logan to be chairman of this committee and that he select two others to act with him.

It was moved by Dr. Neal that as no paper on the important subject of Eye Diseases had been read, Dr. McAll be asked to present his paper; this was agreed to.

Dr. McAll, in presenting his paper, said it was rather of the nature of a note of enquiry regarding certain "subconjunctival growths"
about the etiology, pathology and treatment of which he could find no satisfactory reference in works on eye disease.

He submitted photographs of the cases met with.

Dr. Neal asked if all the papers would be published in the Journal, and moved: "That all papers prepared for this conference be sent to the editors of the Journal for publication." This was agreed to.

Open Session.

The questions sent in for this session were read by the secretary in the order in which they had been handed in.

Question 1. In view of the frequency of ascites and difficulty of permanent cure, has any member present had experience of operative method for its relief such as (1) sewing the omentum to the anterior abdominal wall, (2) or roughening the upper surface of the liver so as to secure adhesion to the diaphragm?

No one ventured to speak of experience of operative measures, but Dr. Houghton said Stiles had tried, in cases of ascites due to blood trimatodes, the use of gasoline internally in animal, but not in human cases. The dose is not stated.

Question 2. What use has been made in men's hospital of women nurses (native) and with what success?

Dr. Todd, Canton, said that in his present hospital, which had accommodation for twenty patients, he had used only women nurses, servants and cook. He was led to try this by noting how much tidier women's hospitals were. He personally changed the dressings of the men patients.

Question 3. Has any member of the conference elaborated a satisfactory plan for keeping and indexing the records of hospital patients?

As no one attempted to answer, Dr. Booth said they are all imperfect.

Question 4. Where are the hospital plans? Should there not be more copies printed for further circulation among the members?

Two books were mentioned as containing valuable information on this subject, viz., Dr. D. Galton's Hospital Plans, and Oxner's Hospital Plans. It was also stated that Drs. Jefferys' and Maxwell's new book will contain such plans.

Question 5. How are we to discipline trained Chinese doctors holding a mission school or hospital diploma who, now engaged in private practice, are publicly and privately a disgrace to the medical profession?

Dr. Thacker, Amoy, spoke of one case where the doctor who had given the diploma kept a list of those who had graduated. In one case, where a certain graduate had been guilty of unprofessional conduct,
the doctor had a placard posted throughout the city that this graduate's name was taken off the list. This had the effect of making it impossible for that graduate to work in the said city.

Others suggested that something of the nature of a promise should be obtained from the students on receiving diplomas that they would endeavour to keep up a high ethical standard.

**Question 6.** From a hygienic point of view is it desirable that the conference express an opinion on the wisdom of providing individual communion cups at holy communion?

Dr. Mackenzie thought it most desirable that an expression from the conference should be made regarding this matter. He cited a case where a consumptive and a leper had partaken of the wine before the cup reached him.

Dr. Huntley said four years ago he had asked that individual cups be used in his mission, but had been refused two years ago; however they had adopted them, on the ground that they were more hygienic, and he had heard of natives who expressed themselves heartily in favour of this method.

The following resolution was moved by Dr. Mullowney, Peking:—

That inasmuch as we the members of the China Medical Missionary Association see and realize the serious nature of some of the contagious cases that we treat at our dispensaries and hospitals, and knowing that some of those same patients come to the communion table, and realizing the great danger of transmitting certain diseases through the secretions of the mouth, we do earnestly urge that our churches obtain and use individual cups at the communion.

Dr. Merrins, in supporting the motion, said he had found three or four cases recorded of syphilis directly referable to the common cup. He favoured the Greek church method of dipping the bread into the wine.

Dr. Shields recommended the use of tact and a policy of education in bringing about a change to individual cups. The motion was carried.

**Question 7.** An ambulance for Chinese described in the *Journal*, July, 1908 cost £10 Mex. Where can it be obtained?

Write to Dr. Boone. Get it made by a carpenter. Dr. Paterson stated for objection to this ambulance: 1. Easily infected with insects. 2. Stuffy during the hot weather. 3. Apt to leak. 4. Easily damaged.

**Question 8.** What about buying drugs in Japan; what drugs can be satisfactorily purchased there?

Dr. Booth.—Iodides, iodoform, camphor, and methol can all be bought satisfactorily in Japan; if iodide is ordered one lb. at a time it
can come by post free of customs duty. He mentioned that many of the articles needed for the operating room, such as stands, etc., could be bought at less than half the cost of such goods from home and that they were quite satisfactory.

Dr. Huntley said many of the instruments in ordinary use can be got from Japan and that he had found them quite good, but he warned the members on no account to purchase any cutting instruments there.

**Question 9.** Wanted suggestions of operative treatment for frequent dislocation of shoulder (three times this last year)?

No advice given.

**Question 10.** Has anyone had any favorable results from the use of fibrolysin?

Dr. Booth had tried it, but without satisfaction.

Dr. Somerville had found it give satisfaction in one case of scarring.

**Question 11.** What is the best way to get in touch with patients who have shown some interest in the Gospel? How can we best present Christian truth to our patients?

Dr. Osgood.—By less preaching and more personal contact.

Dr. Mackenzie said his wife took the patients in classes of six and taught them Chinese characters. This seemed to be much appreciated.

Dr. Johnson kept the addresses of such patients as were interested and had them visited later by evangelists.

Dr. Neal said he trusted the next conference would have papers on this subject. He moved that the executive be instructed to take this into consideration in preparing for the conference. Agreed.

**Question 12.** Will those who have had deaths from chloroform on the operating table kindly say so?

Dr. Cormack reported one case; he said that in this case overconfidence had been placed in the anaesthetist.

Dr. Huntley, one case; little chloroform had been used, and there was no carelessness in its administration.

Dr. F. Tucker, two cases. Dr. Cundall, one case, under a very severe operation. Dr. Cousland, one case in over twenty years' work.

It was ascertained that a very large majority of the conference used chloroform as compared with ether.

There were still over a dozen questions to be answered, and the secretary was asked to read them for the information of the meeting.

Dr. McMurtry moved that the paper on "Nursing in Mission Hospitals" be read. Carried.

Dr. Bretthauer then read a short paper giving an account of what was being done for the training of nurses in Central China.
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The matter of missionaries' furloughs was brought forward by Dr. Lewis. After a short discussion the following resolution was carried:

That in the opinion of this Association furloughs for missionaries should be at more frequent intervals and for shorter periods. We feel that a term of five or six years with a furlough of from six to twelve months would greatly conduce to the efficiency of our work and obviate many of the breakdowns in health which occur all too often under the present regulations. And that measures be taken to bring this matter before the World's Missionary Conference at Edinburgh next June.

Dr. Tatchell told of his endeavour to organize a purity league among boys in China and called for the sympathy of the Association in this effort.

Dr. Kirk moved: "That this conference expresses its gratitude to Dr. Tatchell for having undertaken to organize a purity league among Chinese boys and young men and assures him of its hearty cooperation and sympathy in any work he undertakes in this direction."

Carried.

There not being sufficient time to allow of the foregoing minutes to be put in shape for reading, the meeting agreed that the president and secretaries together go over them before publication.

The conference was then closed with prayer, led by Dr. Booth.

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PRESIDENT'S LETTER.

SHANGHAI, February 9th, 1910.

To the Members of the China Medical Missionary Association.

DEAR FRIENDS: I regret very much that I am not able to be present at the meeting of the Association. I had fully intended to attend, but circumstances render it inadvisable to leave home at the present time. I wish you a very profitable and interesting session. If I had been present I had intended to have said some things in a Presidential Address in regard to the future of our Association and of medical missionary work in China. Certain propositions have been made, and certain suggestions offered, which it is my duty to bring to your attention in a semi-official way. This I will take the occasion of doing by means of this letter.

The perennial question of the revision of the constitution will be before you. I cannot say that the report of the committee appointed to draft a revised constitution will be satisfactory. The work that was done by the committee was completed some time ago. Only one meeting of the committee was found possible. This was unsatisfactory. Then some problems have arisen in a more definite form since the last
consultation of the committee. The chairman of the committee will not be at the Hankow meeting, and the work of revision will largely have to be done by the members of the Association there assembled.

The question of enlarging the scope of the Association in two directions will need to be discussed. In the first place, shall medical men resident in China, other than medical missionaries, be admitted to active membership in the Association? There are already in China many doctors in Customs and government service, as well as in private practice. To extend the privileges of full membership to them would be not only courteous, but would secure their cooperation and sympathy in our philanthropic work. Then the establishing in China of medical schools by foreign universities, such as that proposed by Harvard, is bringing in men that we surely want associated with us. At the very least some provision should be made for these. On the other hand, the purely missionary side of our Association would have to be somewhat modified in order to receive non-missionary doctors. It is doubted by some whether these men will take that active interest in the work of the Association which would warrant us in making the necessary change in the constitution required by such a step. This is a matter that should be carefully thought out and thoroughly discussed.

The second proposition for enlargement is that of receiving Chinese graduates of medical schools in China. The difficulty here is one of assurance of sufficient qualifications. We all know that the medical schools at present existing in China are as yet insufficiently manned and equipped. All are doing the best they can under the circumstances, and considering the difficulties in the way, we must say that most of them are doing remarkably well. But there is a wide difference between them in the matter of training, and there is a great lack of uniformity in courses of study, as well as in possible thoroughness of instruction. To take in all those receiving certificates from schools and hospitals would only submerge the society under a mass of untrained, possibly self-opinionated, young men, who would be of small advantage to the Association, and to whom it would be of little help. But there are Chinese young men who would be a credit to the Association. Some provision ought to be made so that these may be received. The only feasible way that occurs to me is that the Association appoint a medical college senate, which shall outline a minimum equipment and course of study to which medical schools shall conform in order for their graduates to be received as members of the Association. Such a scheme would have the additional advantage of bringing up the standard of our medical schools to a rank gauged by these
minimum requirements. It should be a recognized fact that the Association has a right to fix a minimum training which its members shall have secured. I believe that the time has come when this Association must face the question of the enlargement of its scope, or soon face the organization of one, possibly two, other medical societies in China. Shall we extend our Association to become the Medical Society for China, or shall we remain the Medical Missionary Association, with a probability of confining our activities to the purely missionary side of medical work in the near future?

Another alteration that should be made in the constitution is in regard to the Executive Committee. As at present constituted, it consists of the office bearers of the Association. It is almost impracticable for such a committee to ever get together to have a meeting, with the result that the committee is a mere name in our economy. It should be possible for an Executive Committee to have frequent and regular meetings. For this reason a sufficient number of persons resident in or near some one city should be designated for this committee. This may be either at Shanghai, Peking, or Hankow. For some reasons it is desirable that the general secretary, or editor of publications should be ex-officio a member of this committee. Such is the arrangement in the Educational Association, and the plan works exceedingly well.

Another matter that should be seriously discussed by the Association is the establishing of a medical journal in Chinese. Our students, and the graduates of our medical schools, have no medical literature except the exceedingly limited supply of text-books. A simple journal, after the style of a medical digest, devoting itself largely at the outset to matters of diagnosis and treatment, is the most desirable thing, and without doubt would receive a hearty welcome from our young Chinese doctors. A quarterly would be better than nothing at all, and would be a sufficient test of the demand for such a paper.

The Anti-opium Society is asking the Association to cooperate in petitioning the British government to discontinue the importation of Indian opium as fast as the Chinese discontinue the cultivation of the native drug and to make preparation for the total withdrawal of the trade within the time specified by the Chinese government for the complete suppression of the traffic. Mr. Muir's letter will be presented for your action. In my opinion our Association can afford to give its most hearty support to this matter.

Our Publication Committee has received during the past two or three years appropriations from many of the Mission Boards to its
funds. The Association should take action, expressing its appreciation of this aid to its publication work and requesting the Boards to continue these appropriations for a further term of three years. A vote of appreciation should also be tendered to Mr. Welcome, of Burroughs, Welcome & Co., for his endowment gift which has enabled us to publish the surgery. Another resolution is desirable, giving welcome to those medical schools and universities abroad which are establishing medical schools in China.

I wish also to say a word of commendation for the Committee on Original Research. The work done by them is of a high order, and this spirit of research can well be extended in our midst. Added to this might well be an effort to report for our Journal a larger number of unusual cases, operations and observations than is now the case. Medical missionaries are an exceedingly busy people, but time should be taken for this work. Especially should the younger men cultivate the practice of reporting. It becomes more and more difficult to acquire the habit as the years go by. Our Journal might well be made much more useful than it now is and have a higher scientific value if more of the members of the Association would interest themselves in its contents in this way.

And now, wishing the highest prosperity to our Association, and hoping that the wisest counsels may prevail in your meeting, I pronounce my valedictory to you as your president, desiring for my successor the full and hearty coöperation of all those who have our great work at heart. He, the Great Physician, is at our side as we do the work he has given us to do.

The healing of the seamless dress
Is by our beds of pain;
We touch Him in life's throng and press,
And we are whole again.

O Lord and Master of us all,
Whate'er our name or sign,
We own Thy sway, we hear Thy call,
We test our lives by Thine.

Fraternally yours,
Geo. A. Stuart.

SECRETARY'S REPORT.

When the present secretary accepted his post he certainly expected to be permanently in Shanghai, and hoped to be able to devote a good deal of time to the interests of the Association. But the needs of the publication work and personal ill health have led to increasingly prolonged absences, and for the last year of the triennium
he has been out of the country almost the entire time. This is to be regretted, as there is much to be done to enlarge and consolidate the Association. The time is approaching, if not already arrived, when the entire time of one man could profitably be given to the Association,—editing its *Journal* and corresponding with its scattered membership. We might then hope for a monthly issue, and the editor could do much to promote the *esprit de corps* and solidarity of the Association. If in addition he could help with the publication of the much needed Chinese Medical Journal we might the sooner find the solution of that problem.

We have reached the stage in mission work in China where men should be set aside to do special work; the various missions combining to lend the men and provide the money. Undoubtedly it is a good deal of a strain for a mission to give a man and pay his salary when it is at its wit's end to find the workers and money necessary for its own operations. And yet the time has come for just such demands. It would make it easier for the missions who give the men if the others would provide the money. The setting apart of men has already been done in connection with the C. L. S., our Publication Committee, the Educational Association and Sunday School work, but this method should be extended further.

All round there is need for more union in work, especially in our medical schools and hospitals, and this brings us to a consideration of the progress made in our medical educational schemes during the triennium.

With reference to schools teaching in Chinese this Association voted in 1907 in favour of a few first class union schools at strategic points, using mandarin as the language of instruction and leaving the geographical gaps to be filled in afterwards. The progress made in establishing these schools has been, for the most part, disappointingly slow. Now is our day of opportunity, and no one can say how long it will last and yet how many schools have we, apart from that at Peking, which in buildings, equipment and staff can be considered approximately satisfactory? At Chentu in the west a union university with a medical department is in process of formation. At Hankow the L. M. S. school has been put on a union basis; the Wesleyans and A. B. M. U. joining, and it is to be fervently hoped the necessary funds and men will soon be forthcoming so that a college worthy of so splendid a centre may be speedily developed.

In East China union has not yet been consummated nor the location settled. At present Dr. Shields has been sent to Nanking
with his students, in the hope that the missions in East Central China will unite in forming a college there. The Presbyterian, Methodistic Episcopal and Disciples’ Missions there have joined to form the university of Nanking, and if the C. M. S., Presbyterians, N. and S., Methodist Episcopal Mission, Disciples, Baptists, and Friends will similarly unite in establishing a medical college, a first class one can be made with little strain on the missions joining.

At Canton in the south there are several small schools, and the efforts made by the South China Branch of the C. M. M. A. to effect the formation of a strong union one now show a fair promise of success. Let us trust that Canton, the pioneer of medical education in China, through the labours of Drs. Hobson, Kerr, and others, will not be the last to meet the new conditions. The Chinese themselves, independently of any foreign or Christian agency, have formed there a medical society, consisting of 700 members (the membership not being confined to medicals), who subscribed towards its objects. These are: the formation of a medical school and library and the translation of medical books, using the terms that seem most appropriate. It will be interesting to watch the development of this scheme. Any one who has worked at terminology and translation will have misgivings as to the results of anything that is not painstakingly worked out and tested through many years by those who can appreciate the scientific niceties involved, as well as seek to clothe them in appropriate Chinese.

At Tsingan it was thought better to open a school there rather than unite with Peking, and a medical school was formed in connection with the union educational work of the American Presbyterians and English Baptists. The building have been erected and the scheme is making a promising beginning. The staff here, too, urgently needs augmenting. This, so far as I know, covers the list of union schools. Of others there is the well-known C. M. S. school at Hangchow which, it is hoped, may cooperate with the other East China missions in the formation of the needed East China College. Dr. Christie, with the help of the Chinese, official and non-official, is endeavoring to found at Mukden a school for Manchuria. The smaller schemes and the training of hospital helpers, so gallantly and laboriously carried on throughout the Empire, are outside the scope of this review.

Of schools using English as the medium of instruction the medical department of St. John’s University at Shanghai is well known to all of us. In addition there is the medical school of the Methodists at Soochow and the new Boone School at Wuchang. At Foochow a medical school for the training of Christian medical workers has been sanc-
tioned by the C. M. S., and the building is now complete. The scheme may very probably be broadened and a union school formed by the adhesion of the American Board and the Methodist Episcopal Missions; admission being allowed to a proportion of non-Christian students. The Universities of Yale and Pennsylvania plan to start medical work soon in Central China and Canton respectively, but I do not know in what language or whether independently or in conjunction with others.

Outside of China there is the Hongkong College of Medicine, which is associated with the L. M. S. What changes may come over its constitution when the new Hongkong University is formed I have no idea. This is a year of cometary portents, and as Halley's and others now come into view, so the Rockefeller, Harvard and Oxford and Cambridge schemes appear in the western heavens. When and where they will approach our little planetary system and with what effects remain to be seen.

Since writing the above recent news has come to the effect that the Oxford and Cambridge scheme has been to include other universities in England and Scotland, and it is hoped that some American universities may also join so that a really fine institution may be established in China. Two men have already been appointed and the Wuhan cities decided upon for the location.

In the recent educational number of the C. M. Journal the question of language received a prominence and was argued with an energy that seems unnecessary. If a student knows English well enough to study medicine in it he should, by all means, do so, but he should know it well. If he does not there is no reason why he should not acquire a thorough knowledge and scientific appreciation of medicine through his own language. Japan has been quoted as using German, but I find, after a residence of several months in that country, that the instruction, both oral and printed, is almost wholly in Japanese. The students in the best medical schools are required to know German that they may be able to read medical books in that language, but their knowledge is seldom profound. I looked over one ophthalmic surgeon's library and all his books were in Japanese. I travelled with a graduate of the Imperial University who had been taking 2½ years post graduate work in Vienna, and, as he put it, even in the Imperial university "the nouns are German and the verbs Japanese," which means, I take it, that the terms are German and the rest Japanese. This is quite in accord with the Japanese penchant for using foreign words.
We do not solve the problem of education in a country unless we can give it to the people in their own tongue.

Dr. Gillison's statement of the case at the Conference of 1905 meets it very fairly, and with it let us pass from the subject "English for the favoured few, Chinese for the many."

At the request of the Shanghai Branch of the C. M. M. A. a vote was called for on the number and location of medical schools using English, but the answers were too few to be of any value.

Now as to schools for women students. A well-known one is that of Dr. Fulton at Canton, where there is also a nurses' training institution. At Soochow both men and women study in the Methodist school, while at Peking a union medical school for women students has recently been opened. Of nurses' training schools I have already mentioned that at Canton. In addition there are union schools at Nanking and Peking and a union training scheme at Hankow. Much training is done in connection with a good number of hospitals.

The impression left on me by all I hear of medical education projects is that there is great danger of dissipating our energies. Personally the more I know of what is being attempted the more strongly I feel that what we want is more concentration, better equipment, and higher aims. The chief difficulty is the local pull on the part of the Chinese and some of the missionaries. "Let's have a medical school of our own here," say some.

A wider outlook and a more unselfish spirit is much needed. If we on the field go about the matter with earnestness and in a spirit of thorough unity, sinking our denominational, local and personal preferences, we shall soon be able to overcome inertia and opposition and by wide enough unions render it possible to obtain the necessary men and money. But it becomes us to be up and doing, or we shall find our schools supplanted by others that may very likely be dominated by an anti-foreign and anti-Christian spirit.

With regard to official medical schools there are in Tientsin Dr. Mackenzie's old school, now taught in English by French teachers. There is also Yuan Shi-kai's Army School, taught in Japanese and Chinese by Japanese and Chinese teachers. As the terms of engagement of the Japanese teachers fall in they are being replaced by Chinese, and I am happy to say the Chinese teachers are in sympathy with our terms and publication work. Whether eventually English or Chinese will be the medium of instruction it is difficult to say. Teachers trained in English naturally prefer to use that language rather than to get up a long series of new terms.
There is also a school at Canton taught on the same lines as Yuan Shi-kai's. Other provincial schools, taught by Japanese, seem to be moribund or extinct.

As far as can be ascertained there will be a medical department in the Imperial University in Peking when that university is opened, where the teaching will be in English with Chinese teachers.

At Amoy Dr. Lim, of Singapore, is trying to organize an English-speaking school.

In Shanghai the German school has been giving its students the necessary preliminary before commencing the regular medical course.

So we have the Chinese field still very much left to us.

There is one other matter in connection with medical education which increasingly demands our attention, and that is the share the Chinese may wish to take in the support and control of the schools. This has already come up at Canton. We hope to turn out men who will be competent to teach in the Chinese schools to be, but what about cooperation in the institutions we are now establishing?

The formation of branches of our Association has proceeded fairly satisfactorily. There are now eleven. This is a very admirable development, and it will be a fine thing when the great majority of our membership is enrolled in local societies. It will strengthen and consolidate the Association and it will help those joining. We all suffer from overwork and an unfriendly climate. We read too little and study our cases too superficially and tend to slide into ruts that would at one time have filled us with horror. If too all the members could be grouped in branches, it would enable us to consider effectively our various problems, for after all, those present at any one conference are a small minority.

The membership of the Association is now about 400; a very considerable advance in the triennium. The aim has been to get every medical missionary in China, Korea and Siam to join.

The secretary tried by circulars to ascertain the opinion of the Association not only on educational questions but also on that of opportunities for post graduate work during furloughs and on screening houses and institutions. It is to be hoped that the representations of the C. M. M. A. on this and on the question of two years' study for newcomers is bearing fruit.

But in addition to home work we should have opportunities for special study on the field. At our big union schools we should have
short courses which men could attend and there should be room in the laboratories where they could work. Dr. Jefferys has already offered such room at Shanghai, and he hopes, on his return, to have just such courses as I have mentioned. Once our big union schools are properly equipped it should be feasible to have courses at various convenient centres.

Then, I may refer to the Medical Missionary Auxiliaries in connection with several of the English societies. That of the C. M. S. now raises enough money to pay all the salaries and travelling expenses of the medical missionaries, to build their hospitals and houses, to furnish the yearly grants and to help with the education of the children, and this without trenching on the general funds of the C. M. S. This I regard as an extremely hopeful outlook for our work. With the right man—a medical of course—at the head of the auxiliary our wants and aspirations are sure of being sympathetically and intelligently dealt with and our financial needs more adequately met. The formation in London of a board of medical advisers to the societies is, too, a guarantee that health problems will be more satisfactorily dealt with.

The Handbook on Health Hints ordered by last Conference was duly issued, thanks to Dr. Davenport's energy, and was favourably received by the home boards.

The Research, Terminology, and Publication Committees and the editors will report separately. We are all proud of our Journal now, and trust it may continue to improve with every number. We all lament the cause of Dr. Jefferys' absence and wish him a good furlough and speedy return in the best of health. I am safe in saying we recognize how much hard work he has done for the Association and tender to him and Dr. Booth our very heartiest thanks.

One argument for my suggestion that we combine the offices of editor and secretary is that many of our members do not seem to distinguish between these offices. Proposals for new members, reports of branches, etc., and correspondence re Association matters are sometimes sent to the secretary and sometimes to the editor, and unless these two officers are in very close touch there may be a good deal of confusion.

In closing I have just this suggestion to make re the officers of the Association as they form an executive committee or board to consider matters that occasionally arise and demand prompt consideration; it is important in choosing them to have several of them centrally located within easy reach of each other. Either
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this or, preferably, have an advisory committee at or near Shanghai, to which the secretary or editor can refer such matters.

The secretary's best thanks are due to Drs. Paterson and Davenport for attending to Association affairs during his prolonged absences.

REPORT OF EDITORS OF MEDICAL JOURNAL.

With the January issue of the present year the China Medical Journal has passed its twenty-fourth birthday, and it is perhaps not a vain boast when we report to you that it is hale and hearty and feels itself at least three years more mature than at the time of our last Conference. In the experience of the Board of Editors there has never been anything approaching the hearty support and interest on the part of the Association that the Journal has received during this period, so much so that the comparative drudgery and sense of discouragement which we expressed to you at that time has entirely vanished from our present horizon. In this we would, by no means, have you to understand that we are satisfied with our Journal, nor believe that it has attained anything like the limit of its possibilities of usefulness and dignity.

Owing to the splendid increase in the membership of the Association which has probably doubled itself in the last three years, the Journal has been in excellent financial condition and in a position to pass over a tidy balance for publication enterprises each year. To this not a little has been contributed by the advertisements thereof, which have been obtained without effort, since, being the only journal of medicine in the East, it has the field to itself and is sought for advertising purposes quite regularly and spontaneously. Undoubtedly a business manager, with the expenditure of a reasonable number of leisure hours, could develop this department to double or treble its present extent. The editors hardly feel that they care to make themselves responsible for this work personally. Our first suggestion to you, then, is that you will consider the appointment of one of the department editors business manager of the Journal, and by such official appointment assure his interested cooperation. The detail of this work has always been and should remain in the hands of the Presbyterian Mission Press; the sole duty of this new office would be to secure new advertisements by the combination of a little thought and a little correspondence and a little common sense.

A matter which the Association ought to consider in connection with the Journal is the fact that it has grown to some editorial size
and that it is handling questions of importance affecting not only its own interests but the interests of trade and commercial enterprise, and that in order to do so conscientiously it is compelled at times to speak very frankly in such a way that the editors might become liable at the present time to be compelled to defend themselves personally in court were their zeal, or circumstances, or their human fallibility to cause them to lay themselves open to legal action. The event is not at all likely, the spirit of the Journal is fair and its aims preeminently peaceful and just. But it is hardly right that the Association should expect the editors to bear this responsibility. They are busy men, their knowledge of law extremely limited and their liability to mistakes quite in order. Of course if your editors were so foolish as to incur criminal responsibility they would deserve criminal action against themselves, but from possible civil action the Association should certainly stand ready to protect them. This means incorporation for the Journal by the Association, probably under the Hongkong Ordinances. We ask you then to consider this matter and to place the affair in the hands of the executive for either action on their own part or reference to a committee. The expense would be considerable—several hundred dollars at the least. But there is no reason why the question should not be at least investigated and thrashed out at this time.

Each conference suggests the advisability of preparing for the Association a monthly instead of a bi-monthly Journal. The matter has been in our minds, and we have weighed most carefully the pros and cons thereof, which we shall state as concisely as may be.

Advantages.—More for your money. Prompter publication of papers. Prompter distribution of information and response to enquiries. Greater dignity of the Journal and for it a more assured place among its contemporaries.

Perhaps none of these advantages is more pressing than the prompt publication of papers. It is discouraging to any man to write a good paper and have it held over by the editor for six or eight months or longer. At the time of writing, for example (December 21, 1909), a certain excellent paper has arrived, contributed for the January 1st issue. It is too late, as the issue is already set up past the original articles, and, moreover, is arranged symmetrically so as not to admit easily of change. The article will not be published in January; the March issue is devoted to the Conference; by May there will be a considerable waiting list of papers, and this excellent contri-
Disadvantages.—We regret to say that the disadvantages are formidable. When the Journal was increased from a quarterly to a bi-monthly, it was only necessary to add two issues a year, but were it made a monthly, it would now be necessary to double the six issues, which means double the work of the editors and double the expense of publication. It might be suggested that we get out a smaller Journal, but we can hardly think it wise to do this. Each issue of the Journal at present makes a fairly creditable showing and presents a sufficient variety to interest, shall we say, all kinds of its readers. But a thinner issue would appear meagre and run the danger of failing to give, to a certain proportion of readers, anything of particular interest to them. In other words, each issue is pretty good now, but we can hardly afford to do anything to make it less so. (2). There has never been during the past three years any time when there were not sufficient papers in hand for two issues in advance, but this is, by no means, sufficient for the best results even in publishing six issues a year. For the publication of a good journal it is necessary that there should be a sufficient supply of papers to enable the editor to select and compile a harmonious and varied product. In order to publish a monthly journal it would be sufficient if we had double the number of contributions at present apparently to be depended on. The Association has nearly doubled its membership in the last three years and there has gathered around the Journal a certain auxiliary staff of regular contributors who write with facility and apparently with pleasure to themselves and certainly with profit to their readers. It would be only necessary to increase the proportion of this contributing element in order to attain the needful supply. As far as we are able to judge, it is our impression that if the Association make up its mind to have a monthly journal it could supply the material for it. (3). The real difficulty, we state very frankly, granting the supply ample and the Association ready to finance the thing, and the Press prepared to publish it, as they probably would be, is the editorial labour involved. In our judgment it is inexpedient, probably impossible, for us at the present to secure the time and pay the salary of an exclusive editor. Of that, however, we are not the ones to decide. If the Association desires to leave the Journal in the hands of honorary editors, who do the work for love and not for gold, it is our belief that it will not be
possible unless by some happy fortune to find a single man willing or conscientiously able to give sufficient time to the Journal to get out a monthly issue. A bi-monthly gives the editor a whole month, during which time he does not have to think about the Journal except to answer a certain number of letters. And the whole labour, if put into hours, does not represent a great number per issue. But there is a vast difference between giving a certain time a month and giving the same time every second month, especially as with the longer extension leisure hours may be filled in, summer holidays planned, and so on. In our opinion this editorial insufficiency could only be overcome by some scheme which would place editorial responsibility in at least two, better three hands, and this joint editorship be managed on quite a different basis from that at present in vogue, where the Shanghai editor, through proximity to the Press, has the responsibility for the issues and the Hankow editor the responsibility for stimulating contributors, etc. The new arrangement would necessitate the placing of absolute responsibility for alternate, or third, issues upon different shoulders—one man in January, another in February, the third in March, the first again in April, and so on. We believe that on this basis two men would be sufficient, provided they were willing to do the thing according to contract. This plan has many drawbacks. It makes for editorial confusion and an undesirable distribution of editorial responsibility. There is no particular disadvantage in a diversity of editorial expression, but it almost excludes the possibility of consecutive and extended editorial policy. It involves a sort of jump-about production, which is certainly to be deprecated. We confess ourselves totally unable to settle the question for the Association. Our personal preference is for a bi-monthly for some years to come, but strong letters from prominent members of the Association have urged us to consider this matter seriously, and we present it to you for advice and direction.

It must be understood that without certain distinct pledges of support and agreement, the present management could not undertake a monthly publication.

As a sort of compromise or alternative, we would suggest that the present Journal, that is, a bi-monthly, be increased in size by fifty per cent. as a contribution to our progress for the next three years. This is perhaps the wisest and sanest departure to which the present Conference can commit itself with regard to the Journal. It must be understood, of course, that this will entail a larger financial outlay.
To put the thing in a nutshell:

Do you want a monthly Journal?
Will you write double the number of papers you are writing at present?
Will you pay for the monthly Journal?
Can you organise an editorial staff which will undertake the new proposition?
Would you be satisfied with a Journal compiled alternately by different individuals?
Are you satisfied with the honorary editorship of your Journal?
Or will you merely increase the size of your Journal, contribute more to it, and leave it in the hands of a board of editors constituted as at present?

Before closing we would repeat our often given assurance that every member of the Association is an associate editor of the Journal, is invited to contribute to it, that it is not necessary for the editor to send a regular letter of invitation to each man every month to do so, that it belongs to the family and is at everybody's service; and, finally, that we do not receive sufficient suggestions from our readers as to their likes and preferences and dislikes and objections to various departments and departures as they take place and appear from time to time. Such suggestions and kindly criticisms are of incalculable value and help to those whose idea in publishing the Journal is not other than that of glad service.

The Editors.

TREASURER'S REPORT.

The treasurership is very much of a sinecure, as all the actual work is done by our publishers, the Presbyterian Press.

All that your treasurer has been able to do was to stimulate the Press in collecting overdue subscriptions and keep the editor in touch with the state of the funds.

Our principal receipts are: dues from members, advertisements, and subscriptions to the Journal from non-members.

Last year in dues and subscriptions we received $1,335.84, for advertisements $1,032.36. The expenditure is almost entirely on the Journal, each number of which costs from $200 to $250.

You may have noticed that the number of advertisements in the Journal has steadily increased, and we may look forward to an augmented revenue from this source.

The year was closed with a credit balance of $48.95. I have here the itemized accounts from the Press and shall prepare a detailed statement for publication in the Journal.
FINANCIAL STATEMENT.
C. M. M. A. in account with Presbyterian Press for 1909.

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<td>To 600 copies January issue, C. M. J.</td>
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Note.—This includes the January, 1910, issue of the Journal and $200 not charged in 1909.
PUBLICATION COMMITTEE.

Editorial Secretary's Report.

As yearly reports of the work of this committee have been issued it is hardly necessary to deal in detail with the operations of the past three years. Suffice it to say that money was raised locally and the mission boards were asked to contribute £20 or $100 gold annually for three years. An encouraging response was made and funds sufficient for the present limited work of the committee have been supplied. Mr. H. S. Wellcome also contributed £1,000 to found a perpetual publishing fund under the control of the C. M. M. A.

The following books were published:

SKIN DISEASES, Duhring (abridged). 3rd edition. Dr. Neal.
OBSTETRICS, Evans and Ashton. Dr. Mary Niles.
BACTERIOLOGY, Archimard. Dr. Venable.
GYNECOLOGY, Penrose. Dr. Mary Fulton.
THERAPEUTICS, Hare. Dr. Ingram.
MEDICAL LEXICON, Terminology Committee. Dr. Cousland.
PRACTICE OF MEDICINE, Dr. Kerr. Revised by Dr. Mary Niles.
ANATOMY, Gray. Dr. Whitney. Purchased from A. B. C. F. M.

Considering how fully the time and strength of the translators are taken up with hospital, medical school and other duties a very fair amount of work has been accomplished. The book longest overdue is Osler's Medicine. As the translator knows only a southern vernacular the difficulty of bringing a competent teacher with him led to much delay. Fortunately he was able to find a suitable man among the Chinese students in Japan, and three-fifths of the work have now been published.

Dr. Macklin has kindly undertaken the nervous system, so as to hasten the production of the book, and the last volumes may be completed by June of this year.

A demand having arisen for a shorter translation of Gray's Anatomy, an attempt was made to revise the old Osgood-Whitney translation; as this was found impracticable, a new translation is being made.

The book went to press nearly a year ago, and the first part, done by Dr. R. T. Shields, comprising bones, ligaments and muscles, is now ready for issue.

To expedite printing operations the editorial secretary took some of the work to Japan and found he could get it satisfactorily done and under better personal health and conditions.
During 1909 the revised edition of Dr. Kerr's Practice of Medicine was completed and a Military Hygiene, translated by two Chinese graduates of Nanking University, was published.

A list of the books published is always to be found on the inside cover of the China Medical Journal.

The large Gray's Anatomy we purchased from the A. B. C. F. M. at Foochow, together with all the blocks and rights in the book. Dr. Fulton, of Canton, kindly presented a number of copies of Nursing in Abdominal Surgery.

Vol. I. of Rose and Carless' Surgery is now on sale, and Dr. Cormack and his associates hope to have the rest of the book ready this year.

Dr. T. Cochrane has finished the Arm in Heath's Practical Anatomy. This book, when completed, will enable anatomy to be taught regionally.

Dr. Churchill is revising Dr. Main's translation of Caird and Cathcart's Surgical Handbook.

Dr. Roy's Dispensatory and Pharmacy was withdrawn for revision, but is now going to press again.

Dr. McAll is translating Stengel's Pathology and Dr. Stuckey a Medical Jurisprudence, while Dr. Neal has completed the first draft of Fuch's Ophthalmology.

The exigencies of the surgery have forced Dr. Cormack to lay aside his work on Hutchinson and Rainy's Clinical Methods for the present.

The committee has been urged to commence the publication of a medical journal in Chinese. There is no doubt it is important that we should issue one as soon as possible. This, however, cannot be done until more progress has been made with the all-important text-books. Perhaps next year the way may be clear to undertake it. It is all the more important because there are at present three medical journals published in Shanghai by men who studied in Japan. These of course use Japanese terms almost entirely, terms often inappropriate and unsuitable and that will only hinder the formation of a good Chinese terminology.

The editorial secretary desires to thank Dr. G. Stuart for much help rendered in proofreading during his absences from Shanghai.

Owing to the delay in receiving financial details the secretary of the committee regrets that he cannot lay a detailed balance sheet before the Association, but there is a considerable balance in hand with which
to face the publication of the unusually large number of books that should go to press this year.

It has been arranged with the Presbyterian Church of England that the services of the editorial secretary should be continued for the present.

TERMINOLOGY COMMITTEE.

The chairman of this committee, owing to his being set apart for literary work, was able to devote a considerable part of his time to terminology, and in June, 1908, the Terminology Committee's Medical Lexicon was published. This by no means represents any finality in the work. As the translation of medical books proceeds gaps in the nomenclature are filled up and existing terms are tested and, if necessary, changed. The committee has been working up to the eve of the Conference, and there remains much for it to do in the next few years. The Lexicon was laid before the Board of Education in Peking, and we hope that when it has been amplified and improved it may receive official recognition. The government has appointed Mr. Yen Fu to draw up a standard set of terms in all educational subjects, but it will be long before medicine is reached, and we hope by that time our work will be so far perfected as to receive official approval. This year work has been begun on a medical dictionary in Chinese with suitable definitions and sounds in Romanised and English. A suggestion has come from Korea that it is a pity we should not conform to the Japanese nomenclature and so have uniformity all over the Far East. It is certainly a pity that we cannot have uniformity, but many of their terms are exceedingly poor, some are inaccurate and others are bad Chinese. After all Chinese characters are Chinese, not Japanese, and it is better for us to base our work on terms that are as good Chinese and as clear and scientific as possible. Japanese medical books, being largely in Katakana, cannot in any case be read by those ignorant of the language.

No one can be more conscious of the shortcomings and defects of our terminology than your committee. Each member has a long list of unsatisfactory terms and difficulties to present for consideration, but it is our hope, gradually, by consultation and deliberation, to improve and amplify our Lexicon until it becomes a satisfactory basis for scientific medical education in Chinese.
CONSTITUTION AND BY-LAWS
Of the China Medical Missionary Association.

CONSTITUTION.

ARTICLE I.

Section 1. This Association shall be called the China Medical Missionary Association.

ARTICLE II.

Section 1. The objects of the Association shall be:

(1). The presentation of the Gospel through the art of healing to the Chinese people.

(2). a. The cultivation and advancement of the science of medicine in general.

b. The imparting of a knowledge of the same to the Chinese through teaching, as well as by the preparation of medical literature in the Chinese language.

c. The promotion of a spirit of mutual helpfulness among the members of the medical profession in this and neighboring countries.

ARTICLE III.

Section 1. All members of this Association shall be divided into two classes as under:

(1). Active members, who shall be engaged in medical missionary work, and who must be graduates of foreign medical colleges legally recognised in their respective countries, or of such colleges in China and other parts of the Far East as may hereafter be approved by the Association.

(2). Honorary members, who shall be composed of such others as may be duly elected by the vote of the Association.

ARTICLE IV.

Section 1. Active members shall be elected on the proposal of two active members; names being sent to the secretary of the Association for insertion in each issue of the Journal during the next six months, after which period, should no objection be raised by any member, their names shall be published in the Journal as duly elected members.

Sec. 2. Honorary members shall be elected in the same way as the active members. Honorary members shall not be entitled to vote.

Objections to the election of a member shall be forwarded in writing to the secretary, and by him laid before the Executive, who shall have discretionary power to act on behalf of the Association.
Sec. 3. Active members, who cease to be engaged in regular missionary work may, on application to the Executive Committee, be transferred to honorary membership; otherwise their membership in this Association lapses.

Persons of any nationality shall be eligible for membership in this Association.

**ARTICLE V.**

Section 1. A local branch of this Association may be formed by any three active members, provided the constitution of such branch is in full harmony with the Constitution and By-Laws of this Association. An annual statement of its progress and membership shall be forwarded to the secretary of the Association for publication in the *Journal.*

**ARTICLE VI.**

Section 1. The officers of this Association shall consist of a president, vice-president, secretary and treasurer, and an editor of the *China Medical Journal,* all of whom shall be elected triennially by a majority of those voting at a general meeting. These officers, together with three other members similarly elected, shall constitute the Executive of the Association and shall have power to elect special committees from their own body or from among other active members to fill any vacancies in the Executive and to take initiative in all matters affecting the welfare of the Association. No member shall be elected to the office of president for two successive terms.

**ARTICLE VII.**

Section 1. This Constitution may be altered only by a three-fourths majority vote at a general meeting of the Association.

**BY-LAWS.**

1. Stated meetings of this Association shall be held triennially at the call of the Executive. Special meetings may be called by the Executive on the request of not less than fifty active members after at least three months' notice of the same has been given in the *Journal.*

2. The president, or in his absence the vice-president, shall preside at all meetings and enforce the rules of order, appoint all committees not otherwise provided for, give the casting vote in case of a tie and perform such other duties as his position requires. In the absence of both president and vice-president the meeting shall elect its own chairman.
3. The secretary shall have charge of the minutes of both general and special meetings, shall furnish the chairman of each committee with a list of its members, shall keep a roll of both classes of members, shall publish a revised list of the same triennially in the JOURNAL and shall conduct such correspondence as may from time to time be necessary.

4. The treasurer shall receive and have charge of all the moneys of the Association and shall pay all bills approved by the Executive. He shall annually report the condition of the funds through the medium of the JOURNAL.

5. The China Medical Journal shall be the official organ of the Association. The editors shall have control of the JOURNAL in consultation with the other members of the Executive.

6. All motions shall be presented with the signature of the proposer, either directly to the Association or through its JOURNAL.

7. Each president on retiring shall become an honorary vice-president of the Association.

8. Yearly dues shall be $4.00 Mexican in advance, including subscription for the JOURNAL and postage on the same.

9. Active members failing to pay their annual dues for two successive years shall not be entitled to vote until arrears are paid.

10. The order of business at each triennial meeting shall be determined by the Executive and published in advance in the JOURNAL. Each meeting shall be conducted according to Robert’s Rules of Order.

11. In the event of any important subject arising between the triennial conferences requiring immediate action of the Association, the president and secretary may issue circulars calling for the votes of the members on the question at issue. The result of this vote, when counted by the secretary, shall be announced to the members of the Association, and provided that out of a total number of not less than seventy-five votes cast, two-thirds shall be in favor of the motion, it shall be binding on all members of the Association. The president and secretary may use the columns of the JOURNAL in lieu of a circular when they deem it advisable so to do.

12. Such permanent committees as may be appointed from time to time shall report annually to the Executive and triennially to the general meeting of the Association. These committees shall have power to add to their numbers and fill vacancies.

13. These By-Laws may be altered or added to by a majority vote at a regular meeting of the Association.

[Adopted at the general meeting of the Association, February 24th, 1910.]
The yearly subscription to the China Medical Missionary Association is $4 Mex., payable in January of each year. This includes the Journal and postage on the same, whether local or foreign.

All changes of address, departures on and arrivals from furlough should be notified to the Secretary and to the Presbyterian Press. Members are requested to invite new comers to join the Association.

The Editors will be obliged if all those who are building hospitals will send copy of plans and detailed description (in duplicate if possible). These will be loaned, on application, to members who are proposing to build.

Editorials.

IMPRESSIONS OF THE CONFERENCE.

The Triennial Conference of 1910, held at Hankow, will live in the memories of those who attended it as one that reached a very high mark in the scientific value of the papers read and discussed, as well as being a time of hearty, happy fellowship with fellow-medicals from north, south, east, and west of this vast Empire. Our common interest in the uplift of China, and the bringing in the day of Christ, who alone can heal the manifold ills from which these teeming millions suffer: these united us and made our hopes run high as we listened as one and another read papers, which proved that had their writers' talents been employed in the home field they would have secured a high place in the medical profession. It made one feel proud to belong to an association that had such devoted men in its ranks.

Hankow favoured us with samples of its weather. Saturday, though dull, was dry; Sunday was wet and windy, and those who had to cross either to or from Wuchang, found the Yangtsze quite sea-like in its waves. Monday showed the homes white with snow, but it had fled before midday leaving the ground somewhat sloppy. Tuesday morning revealed a world all wrapped in white, and the sportive members present took a schoolboy delight in snowballing; by midday, however, there was brilliant sunshine, which continued more or less till Thursday.

All who came were impressed by the unique position of Hankow, Wuchang and Hanyang, which together contain nearly a million people, and whose future importance grows year by year.
Nearly seventy members of the Association assembled at this conference. It was a real disappointment that our president and vice-president could not be with us, but the tone and spirit of the meeting were such that not even the absence of our distinguished leaders could damp them.

The election of Dr. Cousland to the president's chair was hailed with great satisfaction. His native modesty yielded reluctantly to the stalwarts who threatened to carry him bodily to the chair.

The resolutions passed on such important topics as the standard of medical education in China, the need for union in hospital work, scientific research work, hospitals for the insane, school hygiene, etc., the founding of a medical journal in Chinese, all showed that the Association realized its important position and growing power in China. From every side there was evidence that members of the medical missionary body in China take a Catholic outlook, and have little sympathy with any narrow or restricted view of the role they are called to play in this wonderful mission field.

The scientific side of our work was, if anything, disproportionately in evidence. Certainly it is good to see so many of our younger men tackling with such vigour the special disease problems of this country, and this conference has shown that skill of the highest order is daily brought to bear on cases that are difficult to elucidate. It would be well, however, that something more should be said at these conferences as to how we may bring home to the hearts of the thousands that come under our care the life-giving Gospel that prompts all our hospital work.

Another weak spot in our conference was that sometimes too little time was left for discussion of the papers; often the most valuable part of a session is the short illuminating personal experiences of men scattered over such a vast field as China. This conference had to read, by title only, one or two papers which were on the programme, and several others, though read, were not discussed.

Some papers were too long and prevented a proper opportunity for discussing them. It would be well if a rule could be made that papers should not exceed twenty or twenty-five minutes in
reading and that not less than twenty minutes be allowed for discussion. A simple sum in addition would then help us to regulate the length of our programme.

Another point that needs a little arranging is the order of our meetings; so much time is spent at each session with committee reports and resolutions that the papers for that hour sometimes get squeezed out; by making several of the sessions purely business sessions a good deal of this might be avoided.

One other suggestion may not be out of place; at least half a day should be provided for seeing something of the various hospitals and sights of interest in any city where the conference meets; quite a number, I think, regretted that more time could not be given to this. Only two purely social functions took place and were greatly enjoyed; the first was on Monday afternoon, when all the members had tea at Bishop and Mrs. Root's home. Our American brethren were present in great force, so the "Coon" stories told by Drs. Ingram and Lincoln provoked great amusement.

The second function took place on Thursday evening in the Union Church ("The Rest"). Dr. and Mr. Gillison and Dr. and Mrs. Cousland gave an informal reception. Coming as it did at the close of the conference, when members had become mutually acquainted, it proved to be a most enjoyable occasion; it seemed to round off in fine style our whole series of meetings. Dr. Aspland proved himself a most accomplished raconteur. His story of mission work on the bleak Labrador Coast was told with great spirit, glittering throughout with humour and pathos. His oft repeated refrain, after any specially exciting incident, "but this is the romantic side of mission work," called forth great laughter.

Shortly after eight o'clock, while Aspland was still keeping us merry with his talk, a move was made by those who had to leave for the Shanghai steamer; here we took a warm good-bye of old and many new friends, feeling that life had been enriched by this conference and our work become more hopeful as we realized that we were sharers with a great company of noble men and women "practical evolutionists," as Drummond calls them, working with God-like altruism in the "struggle for the life of others."

J. G. C.
PUBLICATION COMMITTEE.

NEW ISSUES.

Osler's Medicine, Vol. III.
Rose and Carless' Surgery, Vol. I.
Gray's Anatomy, abridged, Vol. I.

These works will eventually be published in one volume editions, but for the convenience of those wishing to use them at once they are issued in parts.

Osler's will be complete in five volumes, Rose and Carless' in four volumes, and the Anatomy in two or three volumes.

Osler's may be completed this summer, the Anatomy by the autumn, and the Surgery by the end of the year.

Please notice the change in the price of the Military Hygiene.

Dr. Neal is revising his book on Eye Diseases. Suggestions and criticisms will be welcomed. Send them in at once.

Attention is drawn to the advertisement of text-books from home at the bottom of the advertisement page. Only a limited supply is carried.

NOTES ON BOOKS.

Ellis and Ford's Atlas of Dissections.—Two second hand copies, in good condition, of this well-known and fine atlas are for sale. This is a rare chance to get a copy. Also one of Philip's Life Size Anatomical Models in superimposed layers. These are invaluable in teaching anatomy.

Hutchinson's Index of Treatment is one of the best books on treatment that can be had, and Waring's Operative Surgery is probably the best of the smaller books on that subject and is finely illustrated. These are the last editions.

A Handbook of Foreign Study, compiled and edited in the name and by the authority of the Students' Representative Councils of all the universities of Great Britain and Ireland. This is published 'to afford those who desire to study on the continent of Europe some general guidance as to the best place to go with the maximum of pleasure and profit.' It does not give details of British universities, but its 150 pages are packed with information concerning the universities of all the continental countries—cost of living, climate, attractions, libraries, and museums. For those who are going on furlough and purpose doing some post-graduate work in Europe this book is invaluable. It is prefaced by articles on study written by well-
known authorities in the different branches of study, e.g., Medicine, by Prof. Osler. Prices, etc., can be found on advertisement page.


In this edition several sections have been rewritten and the entire book has been revised and numerous changes and additions introduced. As our Chinese obstetrics is largely translated from Dr. Evans' obstetrics, those using that book in teaching may be glad to procure the original locally. It may be had from Mr. Edward Evans' bookroom, Shanghai.

TERM FOR NURSE.

In answer to inquiries, the Terminology Committee at its Hankow meeting agreed to recommend as follows:

<table>
<thead>
<tr>
<th>Term</th>
<th>Chinese</th>
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<tbody>
<tr>
<td>Nurse</td>
<td>護 媽, 護 病 媽</td>
</tr>
<tr>
<td>Head Nurse or Matron</td>
<td>護 長, 護 病 長</td>
</tr>
<tr>
<td>Probationer</td>
<td>護 病 學 生</td>
</tr>
<tr>
<td>Nurse, to</td>
<td>護 病 看 護</td>
</tr>
</tbody>
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There is no need for a special term for graduate nurse, as the one suggested above for nurse is only applicable to a trained nurse.

Dr. Cousland's address, till the middle of June, will be 60 Bluff, Yokohama, Japan.

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Personal Record.

**BIRTHS.**

At Hwai-yüan, Anhui, January 15th, to Dr. and Mrs. Samuel Cochran, twin sons.

At Peking, January 23rd, to Dr. and Mrs. George D. Lowry, a son.

At Nanking, January 31st, to Dr. and Mrs. W. B. Russell, a daughter.

At Soochow, to Dr. and Mrs. John A. Snell, a daughter.

**MARRIAGE.**

At Peking, February 9th, Dr. J. Maitland Steenhouse, of the Union Medical College, to Miss Gladys Harrison Rees.

**ARRIVALS.**

February 6th, Dr. W. Malcolm and family, S. P. M.

February 14th, Dr. E. Lewis, E. B. M.

February, Dr. F. C. Yen, Yale Mission, Chaogsha.

**DEPARTURES.**

February 8th, Dr. and Mrs. Jefferys and children, A. C. M., for U. S. A.

February 19th, Drs. J. H. Sowerby and H. B. Taylor, A. C. M., for the U. S.
Desirability of Anti-Typhoid Inoculation for Missionaries.

"In the United Kingdom in the year 1906, among 113,532 soldiers, the incidence of enteric fever was 0'64 per 1,000, with a mortality of 0'09 per 1,000; in stations abroad, excluding India, the incidence among 42,561 men was 6'20 per 1,000, with a mortality of 0'82; while in India, among 70,913 men, the cases amounted to 15'59 per 1,000, with a mortality of 3'19. Dr. Hingston Fox points out that the missionary societies suffer heavily by reason of the frequency of enteric fever among the missionaries who are often obliged to live in close touch with natives. This circumstance, together with the arduous nature of the work, renders it probable that they are even more subject to the disease than are the troops. He brings forward some figures relating to the experience of one society, the Friends' Foreign Mission Association. Among 63 missionaries working in the Central Provinces of India, 11 are reported to have suffered from enteric fever while working in the mission field; one case proved fatal and in two others the injury to health led eventually to the relinquishment of the work. In Madagascar seven cases can be traced among 53 missionaries, one of which proved fatal.

"The method of inoculation advised is practically that of Sir Almroth Wright; the injecting syringe being sterilised by means of olive oil heated to 140° C., a temperature which can be obtained by heating the oil until a crumb of bread placed in it turns brown. The pectoral region or the outer side of the upper arm is recommended for the site of inoculation, which is best made in the evening. After an interval of ten days a second injection is to be administered. The doses usually given are 1,000,000,000 typhoid bacilli (which have been heated to 55° C.) for the first injection and 2,000,000,000 for the second, but Colonel W. B. Leishman, R.A.M.C., has informed Dr. Hinston Fox that he now finds that doses of half this strength are sufficient. In the paper before us there are records of three inoculations of missionaries, with observations on the coagulability of the blood in one of them; the results obtained being in accord with Sir Almroth Wright's statement that the coagulability of the blood is lessened after inoculation. Some statistical results of the value of inoculation are quoted, which seem to show that the liability to contract the fever is reduced by the inoculation to less than one-third. Dr. Hingston Fox strongly urges the importance of the use of this inoculation for missionaries. It is of interest to add that after the discussion of his paper the Association of Medical Officers of Missionary Societies unanimously agreed to the principle and strongly recommended inoculation for missionaries going to India, Persia, North and South Africa, Madagascar, and parts of China."—Journal of Tropical Medicine and Hygiene, July, 1908.

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WANT DEPARTMENT.

[It is hoped this new departure will approve itself to the Association. Subscribers are invited to send short notices of personal, missionary and professional "wants," free of charge. Such notices will be kept in for a reasonable time or until withdrawn.—Editor.]

Snakes.—Dr. A. Stanley, Health Officer, Shanghai, wants snakes of China. 70% spirits. Will pay transportation.

Paragoniums Westermani.—Dr. H. B. Ward, University of Ill., U. S. A., desires specimens of this lung fluke.